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THE HEALTH OF SMETHWICK 1959



Annual Report of the Medical Officer of Health

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County Borough of Smethwick

Annual Report

OF THE

Medical Officer of Health

FOR

1959

RICHARD J. DODDS, M.B., B.S., D.P.H.
*Medical Officer of Health, Chief Welfare Officer,
Principal School Medical Officer.*

W. L. KAY, F.A.P.H.I., M.R.S.H.
Chief Public Health Inspector.



LUNCH TIME AT THE ALBERT BRADFORD CENTRE

ANNUAL REPORT

1959

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County Borough of Smethwick

COMMITTEES, 1959-1960

Health Committee :

Chairman : Councillor R. L. Pritchard

Vice-Chairman : Alderman F. W. Perry, J.P.

The Mayor (Councillor J. J. Randle, J.P.)	Councillor A. V. Littlehales
Councillor Mrs. G. R. Brittan	Councillor W. G. Mason
Councillor J. Kimberley	Councillor Mrs. M. Richards
Co-opted Members for the purpose of Maternity and Child Welfare :	Councillor E. C. Tutty
Mrs. R. S. Bailey	Mrs. E. Stanley
Mrs. W. O. Jones	Miss S. C. Wright

Mental Health Sub-Committee :

All Members of the Health Committee :
and Mr. J. M. Adair

Chairman : Councillor R. L. Pritchard

Welfare Sub-Committee :

All Members of the Health Committee :

Chairman : Councillor R. L. Pritchard

The Hollies and Day Nurseries Sub-Committee :

All Members of the Health Committee :

Chairman : Councillor R. L. Pritchard

Health and Education Joint Sub-Committee :

Representing Health Committee :

Councillor R. L. Pritchard

Alderman F. W. Perry, J.P.

Councillor Mrs. M. Richards

Representing Education Committee :

The Mayor (Councillor J. J. Randle, J.P.)

Alderman Mrs. E. M. Farley, O.B.E., J.P.

Councillor E. Rogers

HEALTH DEPARTMENT STAFF :

Medical Officer of Health, Chief Welfare Officer and
Principal School Medical Officer :
Richard J. Dodds, M.B., B.S., D.P.H.

Deputy Medical Officer of Health and Deputy Principal
School Medical Officer :
Margaret E. McLaren, M.B., Ch.B., D.P.H.

Assistant Medical Officers :
F. Constance Myatt, M.B., Ch.B., D.P.H., D.I.H.
Robert T. Pagan, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Chest Physician (part-time):
A. Wilson Russell, M.D., Ch.B., D.P.H.

Chief Public Health Inspector :
(abcdef) William L. Kay, F.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector :
(abc) R. G. Evans, M.A.P.H.I.

Public Health Inspectors :
(abcd) W. F. Ball, M.A.P.H.I. (ab) J. N. Cope, M.A.P.H.I.
(ab) T. P. Jones (ab) A. W. Reeves, M.A.P.H.I.
(abc) G. O. Wright, M.A.P.H.I.

Pupil Public Health Inspectors :
H. M. Blackshaw D. G. Hobday

- a Public Health Inspector's Certificate of the R.S.H. and S.I.E.
Joint Board.
- b Meat and Food Inspector's Certificate of the R.S.H.
- c Smoke Inspector's Certificate of the R.S.H.
- d Certificate in Sanitary Science of the R.S.H.
- e Liverpool University Meat Inspector's Diploma.
- f Liverpool School of Hygiene Smoke Inspector's Certificate.

Administrative Staff :

Chief Administrative Assistant: G. Cree, D.M.A. (to 31.8.59)
F. D. Hipkiss (from 24.8.59)

Deputy Chief Administrative Assistant: G. A. Fox, D.P.A.

F. T. Brookes, S.R.N., R.M.N., Mental Health Officer.	B. Bilinski (to 30.9.59)
F. A. Collett, Welfare Officer.	Miss C. Bourne (to 13.12.59)
S. de Wit, Senior Clerk.	Miss O. M. Duberley
Miss M. G. Parkes, Welfare Assistant.	Miss K. M. Dunnaker (from 16.12.59)
B. T. Broxton (to 12.4.59)	Mrs. F. D. Dyke
A. H. Wilkinson (from 25.5.59)	Mrs. J. Letts (from 21.9.59)
Mrs. E. M. Roe (M.O.H.'s Secretary)	Mrs. J. M. Lewindon (née Prosser)
Miss I. Faulkner	Mrs. D. M. Marshall (from 26.1.59)
Mrs. L. Gregory (C.P.H.I.'s Secretary).	Miss O. J. Salmon
Miss D. C. Tipping (i/c School Section)	J. Smallwood (to 30.8.59)
Miss K. L. Whiston	Mrs. V. F. Styles (née Handy)
Mrs. C. L. Beddows	Mrs. C. M. Walker
	Miss D. Wellon (from 14.12.59)
	Miss M. L. Whitehouse

Nursing Staff :

* Superintendent Nursing Officer :
Miss M. Wainwright

* Health Visitors :

Miss M. Adams	Mrs. D. Grainger
Miss J. E. Barlow	Mrs. H. M. Hoy
Miss K. E. C. Biggs	Miss D. Hunt
Mrs. I. Cowell	Miss M. P. O'Keeffe (to 13.4.59)
Mrs. D. H. Daniels (part-time)	Miss M. E. Tench
Mrs. M. S. Fletcher	Miss E. M. Williams

* All qualified, S.R.N., S.C.M., H.V.Cert.

Clinic Nurses :

Miss B. Kay, S.R.N.	Mrs. E. M. Gibbs, R.S.C.N.
Mrs. G. M. Littler, S.R.N. (part-time)	Mrs. H. M. Warner, S.E.A.N.
	Mrs. G. M. Nock, S.R.N., S.C.M.

The work of the Health Visitors and Nurses is divided between the
Health and Education Committees.

Municipal Midwives:

Mrs. V. Carlos, S.R.N., S.C.M.	Mrs. L. Jaques, S.R.N., S.C.M., Q.I.D.N.S. (from 16.2.59)
Miss M. E. Corfield, S.R.N., S.C.M.	Miss M. A. King, S.R.N., S.C.M.
Mrs. A. Grosvenor, S.R.N., S.C.M.	Mrs. M. J. O'Connor, S.C.M. (from 1.2.59)
Mrs. D. G. Hepburn, S.C.M.	

Home Nurses:

Supervisor: Miss J. High, S.R.N., S.C.M., H.V.Cert.

Mrs. M. L. Bevan, S.E.A.N.	Mrs. M. C. O'Brien, S.R.N. (part-time) (to 28.7.59)
Mrs. J. R. Bridle, S.R.N., S.C.M.	Mrs. E. Rogers, S.R.N. (from 28.9.59)
Mrs. A. H. V. Evans, S.E.A.N. (previously Mackenzie)	Mrs. M. Slater, S.R.N.
Miss F. M. Hawkins, S.R.N.	Mrs. F. R. Snow, S.E.A.N. (to 13.6.59)
Mrs. N. A. Hudd, S.R.N., S.C.M. (from 14.9.59)	Mrs. E. B. Weaver, S.E.A.N.
Mrs. M. A. H. Jones, S.E.A.N. (to 21.9.59)	

Domestic Help Organiser:

Mrs. G. J. Thompson

Chiropodists:

Miss A. M. Dobson, M.Ch.S.	J. Beaumont, M.Ch.S.
Matron, "The Hollies"	Miss E. Holland, S.R.N., C.C.R., Q.I.D.N.S.
Superintendent, "Hill Crest" ..	Mrs. A. S. Atkinson (to 25.3.59)
Superintendent, "Hill Crest" ..	Mrs. E. M. Digby (from 25.5.59)
Deputy Superintendent, "Hill Crest"	Mrs. D. Pratt (from 3.2.59)
Matron, Park Hill	Miss C. C. Bruxby
Supervisor, Occupation Centre ..	Mrs. M. G. Spicer, M.R.S.H., M.R.I.P.H.H.
Occupational Therapist	Mrs. B. Mead, M.A.O.T. (from 12.10.59)

Ambulance Officer: A. F. Beacon

Assistant Ambulance Officer: C. R. Twycross

Clerk/Telephonist at Ambulance Station: J. Pegler

Public Analyst: F. G. D. Chalmers, M.A., B.Sc., F.R.I.C.

Additional Public Analyst: C. N. Grange, B.Sc., F.R.I.C.

PUBLIC HEALTH DEPARTMENT,

Telephone:
SMETHWICK 1461

COUNCIL HOUSE,
SMETHWICK, 40.

**To the Mayor, Aldermen and Councillors for the
County Borough of Smethwick**

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my fifth Annual Report as Medical Officer of Health and Chief Welfare Officer to the County Borough of Smethwick, which has been drafted to meet the requirements of the Ministry of Health Circular 1/60. It is the duty of the Medical Officer of Health to report each year on the health of his area and on any other related matters he considers desirable, and to supply such other information as may be required from time to time by the Minister of Health. Year by year an endeavour is made in this introductory letter to deal with matters of special topical interest; one of the matters for comment in the following pages will be the Authority's Mental Health Service. When one reflects that at the present time three-quarters of the beds in mental hospitals are occupied by patients who have been continuously in residence for more than two years, it is clear that a review of the Mental Health legislation which has culminated in the passing of the Mental Health Act, 1959, certainly did not come too soon.

It is convenient to comment first on the health statistics relating to the Borough. There has been a further decline in population to an estimated 71,730 from 72,690 last year, but owing to the heavy immigration in recent years I have a suspicion that these population estimates are not wholly realistic, and that we shall have to await the 1961 census before a reliable population figure can be given. There were fewer births during the year, 976 children being born to parents normally resident here compared with 1,016 in 1958. There was a welcome reduction in the number of stillbirths, only 21 occurring as against 27 in 1958. This improvement is reflected in the perinatal mortality rate which is increasingly being regarded as a most useful index of the efficiency of the maternity services. Eight more infants died, making 26 in all, the same number as in 1957; this caused a rise in the infant mortality rate of 26.64 per 1,000 births after the record low rate of 1958. There was a rise in the number of deaths in the Borough, 862 occurring compared with 813 the previous year. This was largely due to the influenza epidemic in January and February with the resulting increased mortality from influenza and pneumonia. There was a further increase in the number of deaths due to vascular lesions of the nervous system (generally known as strokes) from 100 to 130, and a fall in the number of deaths from pulmonary tuberculosis from 16 in 1958 to 11 this year.

Mothers and Children

The attention of the Minister of Health has been called to the arduous nature of the midwife's work owing to calls made upon her at night, and he asks for information about the local authority's arrangements

for relief duty and any night rota arrangement which may be operated. In Smethwick in recent years the midwifery staffing position appears to have run from one crisis to another, though in 1959 we were less short of midwives than we had been immediately before and have, indeed been since. We have, perforce, made arrangements on a hand to mouth basis to relieve midwives who have been under great pressure, and have been glad to use the services of Health Visitors who have volunteered to cover nursing duties at week-ends, and we have also from time to time used Clinic Nurses possessing the midwifery qualification for such relief. No arrangements were made during the year for anything approaching a full night rota system, though clearly this is a matter which will have to be considered very seriously in the future. In the smaller areas unfortunately, it appears to be necessary to have something like a full staff before a night rota can successfully be introduced.

Because of the substantial immigration of Indian and Pakistani men to Smethwick during recent years, and especially because of a more recent inflow of their wives and families, it was natural that our midwives would be called upon increasingly to deliver their children. Some inevitable difficulties have arisen as almost without exception the womenfolk coming from India and Pakistan have not been able to speak English. For this reason a short course of simple lessons was arranged for Midwives and Health Visitors on the comprehension of Indian and Pakistani dialects. The course ended in the early months of the year. At the conclusion Mr. Hashmi, the Tutor, reported that those who attended showed very keen interest in the language, and that he was pleased to learn that some of his pupils had already found the phrases he had been able to impart useful in their daily practice. Naturally, a short course of this nature had to be devoted almost exclusively to useful phrases and expressions which the midwife and Health Visitor would be likely to need or meet during the course of the ante-natal care of the woman, the delivery of her child and the subsequent instruction in infant feeding. Consideration will be given to subsequent courses if this should prove to be necessary.

It was pointed out in the 1958 Annual Report of the Ministry of Health that the expectation in the early days of the National Health Service that the development of the maternity services by general practitioners would lessen the midwife's responsibilities has not been borne out in practice as the midwife still attends 98% of all domiciliary confinements. It may be that if the staffing position in the midwifery service generally does not improve, an increasing proportion of confinements will not, in fact, be attended by the midwife. Anything that can be done to ensure that more midwives who take the qualification do in fact practice midwifery on the district must clearly have the highest priority.

During the year a joint circular was sent out from the Ministries of Health and Education on the Health Visiting Service. It drew attention to the report of the Working Party on Health Visiting, and indicated the Ministers' general agreement of the recommendations in the report. One or two matters might be mentioned briefly here. The

Working Party's recommendation that there should be a grade of Health Visitor intermediate between General Duties Staff and Administrative appointments was supported, and it was suggested that nurses of the new grade be termed "Group Advisers." It was intended that Group Advisers should act as advisers to small groups of Health Visitors in different parts of the area and provide them with close support over the whole range of their duties, assisting them with difficult cases and those needing intensive case work. The Minister strongly endorsed the Working Party's recommendation for a closer association between Health Visitors and General Practitioners, an association which they hope local authorities will take active steps to encourage. In this area the main difficulty in the way of this very desirable trend is the serious shortage of Health Visitors. The Committee will be aware that we have for years been working on a trifle over half establishment of Health Visitors.

Tuberculosis and Other Infectious Diseases

In the introduction of my Annual Report for 1958 I commented at some length on Smethwick's unenviable position as the local health authority with the highest reported incidence of tuberculosis in England and Wales. The passage of a year has brought little change in this position, 110 new cases of tuberculosis were diagnosed by the Chest Physician as arising in the Borough compared with 108 last year and 92 in 1957. Of the new cases diagnosed only 25 (or 23%) were found to be sputum positive; this is in keeping with the Smethwick tradition that only between one-fifth and one-quarter of newly diagnosed cases of tuberculosis are found to be sputum positive. Among the many points of interest which are contained in Dr. Wilson Russell's account of the work of the Chest Clinic (see page 48) is the welcome news that there are now only 13 patients in the community who are known to have a positive sputum. The number of such cases has shown a steady reduction over the last few years, 78 in 1954, 53 in 1955, 43 in 1956, 37 in 1957 and 17 in 1958. There will be no grounds for satisfaction, however, until the infector pool has been reduced to nil, or very nearly so, though it must be admitted that it is the undiagnosed infectious case, often an elderly man, who represents a more serious public health problem. There is now no waiting time for admission to sanatoria, where, as Dr. Russell says, all treatment should begin. If the disease is caught reasonably early and the patient admitted to a sanatorium without any delay, there is every prospect and indeed virtual certainty that he will be sputum negative on discharge. Subsequently, provided that the planned treatment is rigidly adhered to, there is little chance of a relapse into a chronic infectious state.

Two other points relating to tuberculosis might be mentioned; 20% of new cases during the year were among immigrants, chiefly Indians, Pakistanis and Irish. These patients occupied on an average one-third of the sanatorium beds which were in use for Smethwick patients. Finally, it should be mentioned that protection against tuberculosis by B.C.G. vaccination was again offered to parents for their 13 year old children. The response was once more satisfactory, and after the

separation of known tuberculosis contacts who were dealt with separately, the children were skin tested prior to the vaccination of the Mantoux negative children. It was found that 9.5% of the children of this slightly "selected" group were Mantoux positive. This compares with 12% in 1958 and 1957.

The acute infectious diseases can be mentioned briefly this year. There was a substantial rise in the number of cases of dysentery notified, but out of 61 notifications only 29 patients were found after investigations to be excreting the organism responsible—in every case *shigella sonnei*. Dysentery due to this organism nearly always causes only a mild and transient disturbance, and it is seldom absent from the community. It is my considered opinion that drastic public health action need only be taken if the condition occurs in the family of a food handler. There were 11 cases of food poisoning notified which were found to be due to salmonella organisms which were identified in 10 instances. There are no grounds for complacency or inaction in the field of food poisoning and its preventive aspect food hygiene. The latter subject is pursued vigorously in Smethwick, and there are good prospects that the number of cases of food poisoning, though not numerically large, will be reduced in the future. Only one case of poliomyelitis of the paralytic kind was reported. There is already some indication that the polio vaccination campaign is affecting the incidence of the disease. Turning for a moment to the subject of vaccination against infectious disease, the dramatic upsurge in public interest in poliomyelitis vaccination which followed the death of the Birmingham City international football player in April, 1959, has become a matter of local and indeed national public health history. Until this unfortunate happening the teen-ager, in spite of exhortation by various forms of health education propaganda, was taking little or no interest in the possibility of being inoculated against poliomyelitis. Immediately after the death of this well-known sportsman, clinics and doctors throughout the country were flooded with demands for immediate vaccination, so much so that the local poliomyelitis vaccine supply became seriously embarrassed for a week or two. A diagram has been prepared and can be found on Page 33 which shows the sudden enthusiasm "for the needle" during May, June and July of this year.

Health Education

The Minister asked that a sufficient description should be given in this report to the Health Education arrangements in the Borough and particularly to any new developments and those directed to expectant mothers and the parents of young children. I have therefore included in the body of the report on page 40 a list of some of the very many ways in which our Health Visiting staff are putting over formal Health Education to different interested groups. Of course, it must be said that most of the Health Visitor's health education work, and indeed the Medical Officer's too, is done in their personal contact with patients during the course of their normal visiting and clinic work. One of the subjects which increasingly is being dealt with is Home Safety. Public interest in this subject suddenly flared up when the danger of certain types of oil heaters came to the public notice fol-

lowing the deaths of several children and young people. It became apparent that drip feed oil heaters represented a danger if they were used in draughty conditions. At the end of the year the British Safety Council issued twelve rules for users of oil heaters following the inquest on five children who died in a fire at Ware, in Hertfordshire. It might not be inappropriate to repeat the substance of these rules here. They are in brief—to read the maker's instructions carefully before using the heater and to keep it out of draughts, to see that the room is sufficiently ventilated and not to place the heater where it is likely to be knocked over. Do not put the heater in a position where it is close to inflammable cloth of any sort, nor use any fuel other than that recommended by the maker. It is important not to over-fill the container nor to refill it while it is alight, and not to carry a lighted heater about the house. The heater must not be tilted and should not be left on whilst the house is unattended. Lastly, and most important, children must not be left alone in a room with a lighted heater.

There is a tendency that formal Health Educational programmes are designed to tell the public of dangers which are becoming more remote much in the same way that generals are always advocating active preparation for the most recent war. Hindsight is always more discerning than foresight. To avoid such retrospections let us look at some figures of present and growing hazards to the health of the community :—

More than 20,000 people a year die from lung cancer in England and Wales and the number is increasing at the rate of 1,000 every year. By the way of comparison, in 1959 some 3,500 people died from pulmonary tuberculosis. Bronchitis is becoming known as the English Disease, the death rate per 100,000 population in England and Wales being about 60. In similar countries in Europe—Belgium and the Netherlands, the rates are 22 and 11 respectively. In the United States of America it is less than 2 per 100,000. At the other side of the world much progress has been made in Japan, the death rate was 45 per 100,000 in 1947, and it fell to 10 in 1955. Some of these very marked differences are undoubtedly due to varying statistical and medical criteria in the certification of causes of death, but nevertheless, the variations are too great to be due wholly to these factors. These gravely disturbing facts must show us that here, surely, is a field for Health Education, and indeed local health authorities will have to devote themselves to the education of the public on the subject of clean air both out in their Boroughs and inside the lungs of their citizens. It has often struck me as odd that the staunchest advocates of clean air seldom hesitate to fill their own as well as their neighbours lungs at every opportunity with a far more dangerous kind of smoke than comes from any factory chimney. I need not add that this smoke comes from the consumption of the cigarette.

Another aspect of Health Education disturbs me. This may be described as Mass Ill-Health Education by that most potent of propaganda weapons, the television set. Every night can be seen television advertisements which recommend the taking of proprietary remedies for the various minor ailments to which we are heir, and I cannot but feel that these advertisements, even though they are strictly vetted, cannot do good except to the manufacturers and may do harm.

Duplication and Overlap ?

Ten or a dozen years ago it was generally believed that the Welfare State provided within its sphere of influence for most of the needs of those who require help most particularly. As the early years of the National Health Service rolled past, a cross current of feeling became apparent that there was in fact a good deal of duplication and overlapping of services. This fear arose partly out of a growing realisation that the National Health Service was costing a lot of money and would cost more each year that went by, and partly out of a natural concern that the administrative divisions of the National Health Service would make a degree of overlap almost inevitable. Instances were quoted in the field of home-care of 15 or 20 different visitors calling on one unfortunate family, though it was overlooked that such families were numerically insignificant when compared with the thousands who receive few attentions from peripatetic visitors from the various welfare agencies. This second phase in public opinion resulted in a proliferation of liaison and co-ordination committees, which in turn gave birth by process of asexual reproduction to a host of sub-committees both standing and ad hoc. All these worthy bodies did and continue to do excellent work for individual cases, but at what cost when considered in terms of collective, highly paid time, energy and patience which are consumed on such committees ?

The third phase of this process of evolution was initiated when someone realised that the only hope of tackling hospital waiting lists and monumental building programmes within the limits of national resources was to contract out of some of the near traditional obligations and duties of the hospitals. A new principle was laid down that only patients who needed active nursing and medical care were properly looked after in hospitals, and that all others should be discharged to the care of some other agency. The principle was accepted by the Guillebaud Committee and sustained attempts have been made to apply it to the chronic sick and to the mentally disordered. A somewhat less justifiable attempt to make it apply to the chronically infectious tuberculous patient was fortunately overtaken by the decline in the morbidity of the disease. Turning to the care of old people in hospital it might seem that there is only one index of an efficient geriatric service, namely, the number of discharges per bed year, and the more the merrier ! If a geriatric patient does not need active nursing, which apparently can only take place in hospital, but only passive nursing which presumably must be practised elsewhere, then they are recommended for discharge to the local welfare authority. These authorities, in general are still far from well equipped to deal with the numbers of the more infirm type of resident which have been coming forward. The problems, in fact, have been increased by the overdue but gradual abandonment of former workhouse Part III Accommodation, in favour of the small Home which has so much to recommend it but only too often has not the facilities or staffing for dealing with the really infirm resident. The final result of this recent trend could be, and we will have to guard against it, that an increasing number of patients, though entitled to treatment and care are unable to receive it because they do not quite fit in with the restricted spheres

of operation of our hospitals and other institutions. In the mental health field it will be vitally important to see that this unhappy tendency to pass the buck does not become the practice when the Mental Health Act comes into force.

Mental Health

On the shelf opposite my desk stands a long line of bound copies of the Annual Reports of the Medical Officers of Health for Smethwick from 1888 to the present time. Glancing at the dates on the volumes I was tempted to speculate on the events which make any particular year notable in Public Health history. The years in which major enactments of social legislation are made in Parliament certainly become land marks in the journey towards better services for the community as a whole. The very sight of the year 1944 produces a mental response of "Education Act", 1946 is inseparably associated with the National Health Service Act and 1948 to many, calls to mind the National Assistance Act. The year with which this report deals, 1959, can be regarded as equally notable for its link with the Mental Health Act. This Act will not be wholly in force until 1960 but nevertheless, on the 6th October 1959, it became legally permissible for mentally ill patients to be admitted informally to any hospital provided that they do not object to admission and do not require the powers of detention. These are referred to as informal patients, the insignificant paper formalities which were necessary before a patient could be admitted on a voluntary basis under the Mental Treatment Act of 1930, being abolished. Thus it could be said that the noise of the approach of the Mental Health Act was heard throughout the land during the year.

The purpose of the Mental Health Act is to make a fresh approach to the subjects of mental illness and subnormality and to establish a single legal code to cover the widely differing conditions of mental illness in all its many forms, all grades of mental subnormality together with the so-called psychopathic states. This heterogeneous collection which forms a substantial proportion of the abnormal conditions seen in ordinary medical practice is lumped together in the Act (and no other description is possible) under the term "mental disorder." It is my view that the use of an all-embracing diagnostic label will lead to much confusion. The public have only recently come to distinguish, with any certainty, between mental illness and subnormality and their confusion has been a major factor in the resistance which is sometimes encountered by parents when the question of their child being admitted to a Hospital or Training Centre for the Subnormal is raised; "but he is not insane, Doctor" they will say. Conversely, admissions for short term mental treatment may be occasionally obstructed if incarceration with "the daft" is feared. When the new Act comes into full operation the Lunacy, Mental Treatment and Mental Deficiency Acts will be repealed amidst general rejoicing from all except those who knew the Acts concerned in some detail and inevitably realised that there was little seriously wrong with any of them in spite of their long period of operation. It could not always be said, however, that certain provisions of these Acts had been

applied in the most enlightened manner possible. It may be mentioned in passing that virtually the only opposition to the disappearance of the Magistrates Order from the new Act came from the medical profession itself. These reflections should not be taken to mean that the Mental Health Act will not be a great advance in most respects; particularly important is the orientation of attention towards the Local Health Authority services for the provision of after-care including residential accommodation under the new Act.

While undoubtedly Mental Health is one of the topics of the year as far as this Annual Report is concerned, it is one in which I have some difficulty in knowing where to begin any description of the developments of the Authority's Mental Health Services. On reflection it is clear that pride of place in the development of our Local Services must be given to the opening of our new combined Junior and Adult Training Centre. This Centre was opened on the 30th October 1959, by the Rt. Hon. Edith Summerskill, M.P., who at the same time opened the new Maternal and Child Welfare and School Clinic in the neighbouring grounds. The Training Centre which the Health Committee decided to name the Albert Bradford Centre in memory of the late Alderman Bradford, was built on a small piece of ground which had been set aside for the construction of general practitioners' surgeries to form with the new Holly Lane Clinic a comprehensive Health Centre. However, it became apparent that there was not any real demand for general practitioner surgery accommodation in a fully built-up town like Smethwick and as this land was the only plot available it was decided to construct a Training Centre making the best use possible of the available space. It is quite clear that the architects have made a splendid job of designing the Centre under these conditions. Ideally perhaps, the adult and junior parts of the Centre would have been separated had land been available; the buildings were in fact approaching completion before definite guidance came from the Ministry of Health as to the desirability of separating the two sections of the Training Centre. Arrangements will, however, be made to ensure as separate as possible operation of the two elements in the Centre.

The Ministerial guidance already referred was contained in Circular 9/59 and I give below some indication of the Local Health Authority's plans to implement its various responsibilities under Part II of the Mental Health Act. The Circular asked Local Health Authorities to review the adequacy of their existing day training centres and also to consider the desirability of providing residential accommodation. With the Albert Bradford Centre approaching completion the Authority was in a fortunate position of having planned the Centre somewhat in excess of its immediate requirements where facilities would be provided for up to 60 pupils in the under 16 years of age group and up to 40 trainees of both sexes in the adult work shop. No residential accommodation was planned with the Centre but in a compact area like Smethwick it is thought that the need for such accommodation is likely to be minimal. The usual arrangements were laid on for transport for the pupils who needed it, the School Meals Service continued to provide mid-day meals and free milk was

available for all and arrangements were made for routine periodic medical and dental inspections to be carried out. At the same time the Health Committee had in mind the redecoration and equipment of the rooms in the Cape Hill Clinic, formerly used for Occupation Centre purposes, as a Centre for the adult handicapped. It is possible when the need arises these rooms could be used for Occupational Therapy of mentally disordered patients as well as physically handicapped.

The provision of residential accommodation lays a new and onerous responsibility on to Local Health Authorities and it is particularly difficult to forecast the probable extent of the need for such hostels. The smaller authorities will obviously have difficulty in providing hostels for all the different categories and ages of patients who may be thought to benefit from such accommodation within the period of the first few years and it was felt desirable that neighbouring authorities should be approached to see whether some joint action could be taken towards the provision of hostels initially. In addition to this the Council accepted the Committee's proposal that a suitable house should be sought for adaptation and equipment as a hostel for a small number of patients. It was felt in this way that experience would be gained as to the precise needs for residential accommodation and the way in which it could be most efficiently and usefully provided.

Community care for the mentally disordered is another responsibility of Local Health Authorities. In Smethwick it was decided to augment the staff of Mental Welfare Officers to two whole time such appointments. It was agreed that Occupational Therapy and social facilities should be provided on an increased scale to help break down the sense of isolation which mentally ill patients so often feel. The mental health educational work which is done by the Health Visitors is also regarded as of considerable importance as so many mental health problems and illnesses have their origins in early childhood. Finally, it was agreed that an evening social club should be set up when possible for patients recovering from mental illness. It was thought useful to provide this club through the agency of the Smethwick Club for the Handicapped.

In view of the greatly enhanced responsibilities of the Mental Health Sub-Committee in the future, the Council on the recommendation of the Health Committee decided to invite the Regional Hospital Board to nominate a Consultant Psychiatrist and the Local Medical Committee to nominate a general practitioner to serve on the Mental Health Sub-Committee.

Where the Money Goes

Obviously it is better to prevent than to treat; it is also very much cheaper. According to the official figures for the financial year 1958/1959, it now costs more than £34 per week to keep a patient in a London Teaching Hospital and about £10 less in a provincial Acute but Non-Teaching Hospital. It can, of course, be said that with modern methods not only is there far better treatment, but there is a much more rapid turnover of cases so that the benefit is spread to more patients. In these circumstances the average cost per case might be a better method to use, and in fact we find that on an average it costs

more than £80 to treat a patient in such a London hospital and £48 or more in an Acute Provincial Hospital.

Turning from these substantial and ever-rising figures to consider the price of prevention, the Institute of Municipal Treasurers and Accountants provide each year authoritative financial statistics from which comparisons can be made between the costs of one's own authority and the national average for authorities of a similar character. In the 1958/1959 statistics, which are the most up-to-date available, a number of noticeable variations between the figures for Smethwick and the average for County Boroughs are worthy of some thought. The figures are expressed to the nearest £ per 1,000 population and in each case the figures for Smethwick are followed by the County Borough average which is given in parenthesis. The following services cost a good deal less per 1,000 population in Smethwick than the average :

Day Nurseries	£61	(£85)
Midwifery Service	£68	(£93)
Health Visiting	£41	(£82)
Home Nursing	£93	(£129)
Ambulance Service	£190	(£218)

The following services cost more in Smethwick than the average :

Child Welfare Centres ..	£133	(£85)
Tuberculosis	£48	(£24)
Domestic Help	£213	(£148)

I am confident that the Authority would wish me to draw attention to these variations, and in doing so two or three words of comment on the major differences would be appropriate.

First, the under-spending. Clearly we are spending noticeably less on Day Nurseries than is usual, but as the demand appears to be met most adequately, and we have since this time indeed made some further economies, nothing further need be said. Midwifery Service—we are spending not much more than two-thirds of the national average on this service. We should spend a good deal more if we could get the necessary staff, and the same applies to the Health Visiting Service. Here our rate of expenditure is almost exactly half the average; it is entirely to be accounted for by the failure to recruit Health Visitors, though the Health Committee are doing everything they can to ensure that the existing Health Visitors are used to the best advantage. Home Nursing costs again are below the average. This may point to the need to review the establishment at some time in the not too distant future. The Ambulance Service is somewhat below the national average, but having regard to the fact that we have so much help from volunteer drivers and attendants out of hours and at weekends, our under-spending in this respect is somewhat less than one might expect.

Over-spending. We pay more for our Child Welfare Centres than the average. This, I think, can be explained by the fact that our Centres will bear comparison with any in the country as far as the general standard of buildings and the high proportion of purpose-built clinics where the services to mothers and young children can be given under ideal surroundings. It is natural that Smethwick as an

authority should spend so much more than the national average on prevention of illness, care and after-care in relation to tuberculosis. Much of this expenditure is due to the generous free milk scheme which we operate. The Domestic Help Service is the final item in this category. We spend a great deal more than the average for the County Boroughs. This is certainly not because of inflated office costs but because we are providing more help in the homes. There is still room for further expansion in this field.

Turning to Welfare Services expenditure, we devote less than the average for the County Boroughs to the provision of Residential Homes—£258 per 1,000 population compared with £340 for the County Borough average. Nothing has been spent on Temporary Accommodation, but as far as one can see few other authorities are bankrupting themselves on this as the average figure is under £7 per 1,000 population. The special Welfare Service for blind people cost us £117 compared with an average of £80, while for physically handicapped we are spending just over £6 compared with more than £13 per 1,000 on an average.

Training of District Nurses

In 1957 the Minister of Health appointed an advisory committee on district nursing training, which reported in 1959. Following this the Minister of Health indicated to local authorities that he had accepted the recommendations of the Committee that a four months training course for State Registered Nurses, reduced to three months for qualified Health Visitors or midwives or those who have had 18 months experience of District Nursing, should be introduced.

The report laid down a model training syllabus for an in-service training course, lectures being given one morning a week, while in the afternoon of the same day suitable visits to clinics and centres of various sorts are arranged. The Minister invited Local Health Authorities wishing to set up their own training schemes to submit proposals for his approval. After due consideration, the Council accepted a recommendation by the Health Committee that an approach should be made to certain neighbouring authorities with a view to a joint training scheme being set up. Accordingly, a meeting was convened in Wolverhampton of representatives from the County Boroughs of Dudley, Smethwick, Walsall, West Bromwich, Wolverhampton and the County Council of Staffordshire. At this meeting it was agreed in principle, subject to the approval of the respective councils, that a joint training scheme should be submitted to the Ministry of Health for approval. The costs of such a course would be shared on the basis of the number of candidates starting the course. The Walsall and Staffordshire Technical Colleges was decided upon as the most convenient place for the theoretical part of the training.

Other Matters of Importance

Only too often the Ambulance Service is relegated to be dealt with under some such heading as this. This, perhaps, is because it rarely hits the headlines, and indeed one of the best indications of an

efficiently functioning service is that it does not become newsworthy! The year could be said to mark the end of an era as far as the Smethwick Ambulance Service is concerned, for before the end of 1960, the new Ambulance Station should be in use. In August the old station was evacuated prior to demolition and the Service moved to temporary headquarters at the old Norman Road Day Nursery. The work of the Ambulance Service showed a tendency to level off during the year, and indeed about 1,000 fewer patients were carried—22,793 as against 23,877 in 1958. The arrangement was continued by which volunteers of the British Red Cross Society and St. John Ambulance Service manned our ambulances every night and entirely over the weekend from Saturday mid-day. These worthy people did a tremendous job of most valuable work, and indeed no less than 19,362 hours of voluntary duty were put in during the year, and 1,463 patients were handled by volunteers, which included the high proportion of 587 emergencies. This was the first full year of radio control in which very nearly 20,000 radio calls were made, ambulances being redirected while en route on 940 occasions, clearly showing the value of radio control.

I have mentioned at some length my anxieties on the subject of radiation hazards in previous reports. There were a few further developments during 1959. The Adrian Committee advised on certain dangers which might arise from the diagnostic use of X-rays. It is recommended by the Committee and accepted by the Minister that there should be no reduction in the use of mass miniature radiography because of the potential but minute hazards involved with two notable exceptions. Large films only were to be used for chest X-rays of pregnant women because of the very special precautions which have to be observed to avoid any possible harm coming to the unborn child. Secondly it was recommended that mass miniature radiography should not be used for children under 14 years. This was chiefly because of the small size of the children, and the greater difficulty in providing effective screening with this type of radiological technique. On the 28th April, 1960, the Prime Minister made a statement on radiation hazards in the House of Commons. He said, "I am advised that even if deposition of the strontium 90 that has already been injected into the stratosphere continues at the high rate observed in the summer of 1958, the concentration of this substance in bone is unlikely to approach the level which the Medical Research Council advised in 1956 would require 'immediate consideration'." Since this time there has been evidence that the rate of deposition of strontium 90 has fallen off considerably following the cessation of atom bomb testing. Nevertheless on a closely related subject there is a great need for regulations to be formulated about the custody, use and disposal of radio isotopes by industrial users.

Turning from the fall out of strontium 90 to another subject which could be described as down to earth—the Chiropody Service, it should be placed on record that the Minister of Health made a statement in March, 1959, that he was ready to receive proposals by Local Health Authorities for the provision of Chiropody Services under Section 28 of the National Health Service Act. This statement was heard with a

degree of benevolent interest by Smethwick residents who, of course, have had a free Chiropody Service before the National Health Service Act came into operation. The Health Committee, when considering the Minister's new ruling, decided to augment our present Chiropody Service when the time was opportune. In the meanwhile there will be a very great demand for properly qualified chiropodists, and indeed the whole question of chiropodists' qualifications is extremely confusing, as unfortunately it is still possible for people to obtain something which is described as a qualification in chiropody by entirely theoretical training, even by correspondence. Local Health Authorities, however, are not allowed to employ such persons in their own services.

On looking over the chiropody statistics, the very marked sex disparity of patients attending the Chiropody Clinic during 1959 is once more apparent. There were 1,015 women of whom 509 were 65 and over, and only 175 men of whom 116 were 65 and over. These figures it should be emphasised relate to individual patients and not to numbers of attendances.

In Conclusion

In January the Authority lost the services of their Principal Dental Officer when Mr. Hamilton took up private practice. During the remainder of the year it was not possible to make an appointment of either a Principal Dental Officer or indeed, a full time Dental Officer at all. The priority services for mothers and young children was continued, using the services of a part time Dental Officer. The year saw a few major staff changes though we were sorry to lose the services of Miss M. P. O'Keeffe, who had worked in the Borough as a Health Visitor for 28 years.

Once more it is a pleasure to express my thanks to the Chairman and other members of the Health Committee as well as to the Senior Officers of the Authority for their most helpful co-operation and great interest shown throughout the year. I should also like to thank my own staff very warmly for all the excellent work during 1959. As far as this report is concerned my thanks are due to Mr. Hipkiss and Mr. Fox for their work in preparing the body of the report and for seeing it through its final stages to the printers. Again I am indebted to Mr. Pegler for drawing the graph on page 54.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in dark ink, reading "Richard J. Jodds". The signature is written in a cursive, slightly stylized font. The first letter 'R' is large and loops around. The 'J' is also stylized with a loop. The 'd's' are written in a simple, connected cursive style.

Medical Officer of Health.

Annual Report, 1959

GENERAL STATISTICS

Area: 2,500 acres.

Population : Census, 1951 : 76,397.

Estimated pre-war : 78,290.

Estimated civilian population mid-year 1959 : 71,730.

Rateable Value : £853,055 (April, 1960).

Estimated Product of a Penny Rate : £3,460.

Rates in the £ : 22/6 (April, 1960).

Estimated Number of Houses and Shops in the Borough : 22,072.

EXTRACTS FROM VITAL STATISTICS

	1959	1958
Live Births : Males	505	496
Females	471	520
Total	<u>976</u>	<u>1,016</u>
Illegitimate Births included in above total	54	69
Percentage of illegitimate live births in total of live births	5.5%	6.8%
Birth rate per 1,000 population	13.61	13.98
Comparability Factor (Births)	0.95	0.95
Birth-rate as adjusted by Factor	12.93	13.28
Still births : Males	12	14
Females	9	13
Total	<u>21</u>	<u>27</u>
Illegitimate still births included in above total	—	2
Still birth-rate per 1,000 population	0.29	0.37
Rate per 1,000 total births ..	21.06	25.89
Total live and still births	997	1043

Deaths :	Males	..	..	..	..	440	441
	Females	..	..	..	..	422	372
	Total	..	..	..	..	862	813
	Death rate per 1,000 population					12.03	11.18
	Comparability Factor (Deaths)					1.15	1.15
	Death rate adjusted by Factor					13.83	12.86

						1959	1958
Infant deaths :	Male,	legitimate	..	..	..	15	9
		illegitimate	..	..	..	1	1
	Female,	legitimate	..	..	..	8	8
		illegitimate	..	..	..	2	—
						26	18

Infantile Mortality Rates :

Legitimate infants per 1,000 legitimate live births	..	..	..	..	..	24.95	17.95
Illegitimate infants per 1,000 illegitimate live births	..	..	..	..	..	57.41	14.49
All infants per 1,000 live births	..	..				26.64	17.72
Deaths of infants under 1 year	..	..				26	18
Deaths of infants under 4 weeks	..	..				13	12
Deaths of infants under 7 days	..	..				9	not available
Early neo-natal mortality rate	..	..				9.22	not available
Neo-natal mortality rate	..	..	..			13.32	11.81
Perinatal Mortality (i.e. still births plus deaths during 1st week of life) per 1,000 total births	..	..	..			30.10	34.52

Maternal Mortality:

Maternal deaths	..	..	..	..	..	—	1
Maternal death-rate per 1,000 total births..						—	0.96

PRINCIPAL CAUSES OF DEATH:

	Number of Deaths		Rate per 1,000 Population	
	1959	1958	1959	1958
Pulmonary Tuberculosis	11	16	0.15	0.22
Cancer—lung, bronchus	38	43	0.53	0.59
of other main sites	128	118	1.78	1.63
Diabetes	4	6	0.06	0.08
Vascular lesions nervous system ..	130	100	1.38	1.38
Diseases of the Heart and Circulation	281	285	3.93	3.96
Influenza	21	6	0.29	0.08
Pneumonia	59	39	0.82	0.54
Bronchitis	61	61	0.85	0.84
Other Respiratory Diseases ..	4	8	0.06	0.10
Ulcer of Stomach	9	6	0.13	0.08
Nephritis and Nephrosis	8	15	0.11	0.19
Hyperplasia of Prostate	5	6	0.07	0.08
Congenital malformations ..	6	7	0.08	0.10
Motor Vehicle Accidents	4	5	0.06	0.07
Other Accidents	20	14	0.28	0.19
Suicide	6	11	0.08	0.14
Other defined and ill defined diseases	67	67	0.92	0.82
	862	813		

NATIONAL HEALTH SERVICE ACT

MOTHERS AND YOUNG CHILDREN

NOTIFICATION OF BIRTHS

The number of live births and still births notified during the past three years under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications are given below:—

	1957	1958	1959
Live births	982	1,008	1,026
Still births	27	28	21
	1,009	1,036	1,047

CARE OF EXPECTANT AND NURSING MOTHERS

A full range of services continued to be provided for expectant and nursing mothers during the year.

There was a slight decrease in attendances at the Firs Ante-Natal sessions, a total of 1,123 expectant mothers made 4,128 attendances compared with 1,127 mothers and 4,860 attendances in 1958. Two sessions were held weekly for women being confined at St. Chad's Hospital and these were attended by hospital staff. Two ante-natal clinic sessions each week were conducted by departmental midwives for women being confined at home. All mothers are invited to attend for examination six weeks after their confinement. Post-natal clinics were held at the hospitals concerned for those who were confined there. Mothers confined at home are examined post-natally by the general practitioner who had agreed to provide maternity services. Health Visitors continued to call on patients who failed to keep ante- and post-natal appointments with their private doctors, in an attempt to ensure that future appointments would be kept. This arrangement continued to produce results and is a good example of the co-operation which exists in Smethwick between the general practitioner and the Local Health Authority.

Relaxation classes were held weekly for expectant mothers in the Borough. Those being confined at St. Chad's Hospital attended afternoon classes at the Firs Clinic. Evening classes were held for mothers having their babies at home. All the classes were conducted by physiotherapists and were well attended.

Weekly mothercraft classes by Health Visitors were continued, advice was given to expectant and nursing mothers on matters relating to the welfare and upbringing of children.

The Health Committee made a grant of £200 to the local branch of the Diocesan Council for Moral Welfare, and in addition accepted financial responsibility for the maintenance of six unmarried expectant mothers in hostels and maternity homes outside Smethwick.

DENTAL TREATMENT

Early in 1959 Mr. Hamilton, Principal School Dental Officer, left the service and despite repeated advertisements it was found impossible to replace him. The part-time officers have continued to give dental treatment, but despite their excellent efforts the service had to be curtailed.

(a) Number provided with Dental Care

Patient	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	64	64	54	44
Children under five	164	147	131	117

(b) Forms of Dental Treatment provided

	Extractions	Anaes- thetics		Fillings	Scaling, Polishing and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided		Gold Inlays
		Local	General						Complete	Partial	
Expectant and Nursing Mothers	306	—	32	97	30	—	—	32	41	9	—
Children under five	297	—	112	73	5	24	—	—	—	—	—

DOMICILIARY MIDWIFERY

During the year 393 home confinements were attended by our midwives. The shortage of midwifery staff was relieved early in the year by the appointment of two midwives, one of whom, however, was not available for night calls; the problem of recruitment, however, remains acute. Six members of the midwifery staff were authorised to administer pethidine, which was given in 247 cases, and gas and air analgesia, administered in 262 deliveries. Despite staffing difficulties, the practice of accompanying expectant mothers on their ambulance journeys to hospital continued.

Early in the year the shortage of beds in local maternity hospitals seemed to be less acute, but later the Board had to be approached in several cases where domestic confinements were difficult. The Health Visitors continued to report upon home conditions of expectant mothers when admission to St. Chad's Hospital was necessary on social grounds. In this way the limited number of hospital beds allocated to such cases was used to the best advantage.

INFANT WELFARE CENTRES

On 30th October, 1959, the new combined Maternal and Child Welfare and School Clinic at Holly Lane was formally opened by Dr. Edith Summerskill, M.P. This building replaces adapted premises at Sandwell and Oldbury Road; a full range of services is provided but the dental suite has not been furnished as there is, unfortunately, insufficient staff to run a dental clinic. Another new clinic at Stanhope Road incorporated in a new block of dwellings should be under construction during 1960, and this will replace the premises at present used for Warley and Londonderry clinics.

Eight infant welfare clinics a week continued to be held where young children under five were periodically examined and mothers

could obtain advice from the medical and nursing staff. There was a slight decrease in attendance of children under one year of age, but this was almost counterbalanced by an increase in the attendances of the 1—5 years age group. During the year 847 children under one year of age attended clinics for the first time, which represents 81% of the total live births in the town. Details of attendances during the past three years are shown below :

	Under 1 year	1—5 years	Total
1957	11,358 ..	4,326 ..	15,684
1958	13,174 ..	4,283 ..	17,457
1959	12,895 ..	4,473 ..	17,368

When a child is three years old special invitations to attend the Infant Welfare Centre are sent to parents to bring children for medical inspection. These examinations are very important because a large number of defects (most of them of a minor character) are revealed. The special toddlers' session held monthly at the Firs Clinic continued to be well attended.

EXAMINATION OF TODDLERS				
	No. of children examined	No. with defects	No. of defects referred	
			For Treatment	For Observation
Age one year ..	288	144	11	195
Age two years ..	186	124	16	220
Age three years ..	335	188	22	315
Age four years ..	35	28	5	49

Nature of defects found :

Infestation of head	..	..	..	4
Teeth	..	..	..	52
Skin	..	..	..	83
Eyes—(a) Vision	..	..	..	7
(b) Squint	..	..	..	23
(c) Other	..	..	..	10
Ears—(a) Hearing	..	..	..	6
(b) Otitis Media—R	..	..	..	8
L	..	..	..	9
(c) Other	..	..	..	5
Nose or Throat	..	..	..	82
Speech	..	..	..	29
Enlarged Lymphatic Glands	..	..	..	98
Heart and Circulation	..	..	..	12
Lungs	..	..	..	7

EXAMINATION OF TODDLERS

Nature of defects found—*continued*.

Development	—(a)	Hernia	..	..	37
	(b)	Other	..	..	103
Orthopaedic	—(a)	Posture	..	..	10
	(b)	Flat Foot	..	..	75
	(c)	Other	..	..	41
Nervous System	—(a)	Epilepsy	..	..	5
	(b)	Other	..	..	14
Psychological	—(a)	Development	..	..	70
	(b)	Stability	..	..	36
Others	..	..	..	..	29
					855

SUPPLY OF DRIED MILK AND OTHER FOODS

(a) Proprietary Foods

There was a decrease in sales of proprietary brands of dried milk, 9,320 lbs. were sold in 1959 as compared with 11,006 lbs. in 1958. This reduced turnover was due to an increased preference for National Dried Milk of which 22,392 tins were sold, an increase of 1,676 tins on the quantity for 1958. Voluntary workers continued to give valuable help with the distribution of welfare foods.

(b) Ministry of Food Welfare Foods.

Arrangements for the distribution of Ministry of Food Welfare Foods daily from the Firs Clinic and at other Infant Welfare sessions continued. Voluntary workers are in charge of the distribution at most clinic sessions, and a total number of 61,913 articles were distributed to the public during the year. There was an increase of 1,683 tins in the sale of National Dried Milk, reversing the trend since the price increase of 1957. 32,488 bottles of orange juice were sold compared with 31,423 bottles in 1958.

National Dried Milk :

Full Cream	..	..	..	22,392 tins
Half Cream	..	..	..	736 tins
Orange Juice	..	..	..	32,488 bottles
Cod Liver Oil	..	..	..	3,689 bottles
Vitamin A and D Tablets	..	..	..	2,608 packets

CARE OF PREMATURE INFANTS

The arrangements already in operation continued for the care of premature infants, municipal midwives looking after those born at home. After the first 14 days of life, welfare and progress of the child became the responsibility of the Health Visitor, for whom the medical and specialist services were available when required. Local hospitals co-operated with the midwifery service, and no difficulty was experienced in securing the immediate admission to hospital when necessary of any premature infant born at home. Two sets of equipment to facilitate the conveyance of premature infants to hospital are kept for immediate use at the Ambulance Station.

During the year, 71 babies weighing 5½ lbs. or less were born to mothers normally resident in the borough. Of these, 16 were born at home, 11 being nursed entirely at home, while 55 were born in hospital. The number of premature stillbirths notified was 11, four of which were born in hospital. The following table gives details of all premature births during the year.

Weight at Birth	Premature Live Births									Premature Stillbirths		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day					
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Born in hospital	Born at home	Born in nursing home.
3 lbs. 4 ozs. or less (1,500 gms. or less)	7	3	4	—	—	—	—	—	—	3	2	—
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. (1,500-2,000 gms.)	8	—	7	—	—	—	2	—	2	2	1	—
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. (2,000-2,250 gms.)	16	—	16	3	—	2	1	—	1	2	—	—
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. (2,250-2,500 gms.)	24	—	24	8	—	8	2	—	2	—	1	—
Totals	55	3	51	11	—	10	5	—	5	7	4	—

HEALTH VISITING

The social welfare work carried out by Health Visitors is a major contribution to the Health Services in the borough. Health Visitors undergo a comprehensive training course which qualifies them to give advice on health problems arising at any age. In Smethwick, Health Visitors are employed jointly for the Local Health Authority Services and the School Health Service. Because of this they are able to provide a continuity of service from childhood to old age and are able to gain the full confidence of the public. In recent years the work of Health Visitors among the aged and the mentally ill has increased, and further expansion can be expected in the future.

Eleven full-time and one part-time Health Visitors were employed under the direct supervision of the Superintendent Nursing Officer. No applications for training scholarships were received during the year but fortunately no staff have left and it has been possible to maintain the reduced numbers at the same level, even though this only represents about sixty per cent. of the authorised establishment. As in previous years Health Visitors who use cars whilst on duty are paid "casual users" allowances which permits of greater mobility and helps to alleviate the difficulties associated with reduced staff.

Health Visitors continued to work with general practitioners as much as possible, and this co-operation at a personal level helps to ensure the provision of an efficient service.

Once again there was an increase in the total number of visits made by Health Visitors, 3,169 more being made in 1959 than in the previous year. Details of visits made by Health Visitors during the past three years are shown below :

	1957	1958	1959
To Expectant Mothers :			
First Visits	274	259	327
Total Visits	473	432	501
To Children under one year of age :			
First Visits	969	986	944
Other Visits	5,513	5,305	6,198
To Children aged one to five years :			
Total Visits	7,931	8,985	9,835
To Other Classes :			
Total Visits	3,623	4,469	5,800

CHILDREN'S WELFARE COMMITTEE

This co-ordinating Committee continued to meet bi-monthly throughout the year, and officers from the National Assistance Board, the Probation Office, the Health, Education, Children's and Estates Departments, together with representatives from the N.S.P.C.C., the W.V.S. and other organisations attend the meetings. The care of children of problem families in the area is discussed confidentially with a view to determining the best course of action in each case. Wherever

possible co-ordinated action is aimed at securing the most effective rehabilitation of the family, and committee action often affects an improvement in the families. I am pleased to report that with the full co-operation of each department and organisation represented, it was possible to raise the standard of many families during 1959, but unfortunately there were still far too many in the area whose living conditions left much to be desired. No effort will, however, be spared to try to improve the lot of these families.

HOME NURSING SERVICE

Following the trend of recent years, the number of visits made by Home Nurses increased to a total of 34,814. This compared with 33,563 visits in 1958. There was very little change in the number of new patients, and the total number treated rose to 992. 567 of these patients were 65 years of age or over at the time of the first visit during 1959.

A special laundry service introduced in December, 1958, for the use of incontinent patients was highly successful. At present the laundry is collected and delivered by the Health Department van several times every week, and the washing is done by the new laundry attached to Rolfe Street baths. Thanks to the very willing co-operation given by the Baths Superintendent and his staff the service works very well and during the year 33 patients used the facilities for which there is no charge.

It is due mainly to the Home Nursing Service and other domiciliary Health and Welfare Services that many older people can remain in relative comfort in their own homes. To keep many old people well enough to remain at home it is essential that they should remain ambulant, and in many cases this is something of a major operation, often involving the services of two home nurses both morning and evening. Although the excessive concentration of local health authority domiciliary services is not necessarily cheaper than the cost of an institutional place, most people are much happier and more contented if they can remain in their own homes.

The following table shows details of the actual work carried out during the past three years :

				1957		1958		1959
New patients	..	..	..	762	..	766	..	790
Recovered or transferred to hospital	..	..	..	612	..	588	..	630
Died	..	..	..	121	..	148	..	133
Remaining at end of year	..			214	..	213	..	211
Visits paid during year	..	..		32,526	..	33,527	..	34,814

Requests for the Home Nursing Service are usually made by general practitioners or hospitals, and the following table gives some idea of the type of cases attended :

	1957	1958	1959
Medical	788	821	820
Surgical	130	131	136
Tuberculosis	26	24	12
Maternal complications	4	4	10
Infectious Diseases	—	—	7
Others	—	—	7
	948	980	992

PROTECTION AGAINST INFECTIOUS DISEASE

VACCINATION AGAINST SMALLPOX

The importance of vaccination against smallpox continues to be stressed by Health Visitors upon parents of newly born infants at Infant Welfare Centres and by general practitioners. During the year 649 infants were vaccinated against smallpox. This number is about 61% of the total live births in 1959, and is similar to the 1958 figure.

VACCINATION AGAINST DIPHTHERIA AND WHOOPING COUGH

Over the past 20 years the incidence of diphtheria has steadily declined, the favourable trend being due almost entirely to the protective inoculation of children at an early age. All the forces of the Health Education field are used to encourage parents to have their children vaccinated against diphtheria and whooping cough.

During 1959, 809 children were given a primary course of diphtheria vaccination, and 263 received reinforcing doses. The latter figure showed a considerable reduction on that for the previous year, because of the special efforts made during the year to vaccinate as many children and young people as possible against poliomyelitis.

Protection against diphtheria and whooping cough is usually given together in a single course of injections of combined antigen. During the year 787 children were given a primary course of injections against whooping cough, all having the combined diphtheria/whooping cough injections.

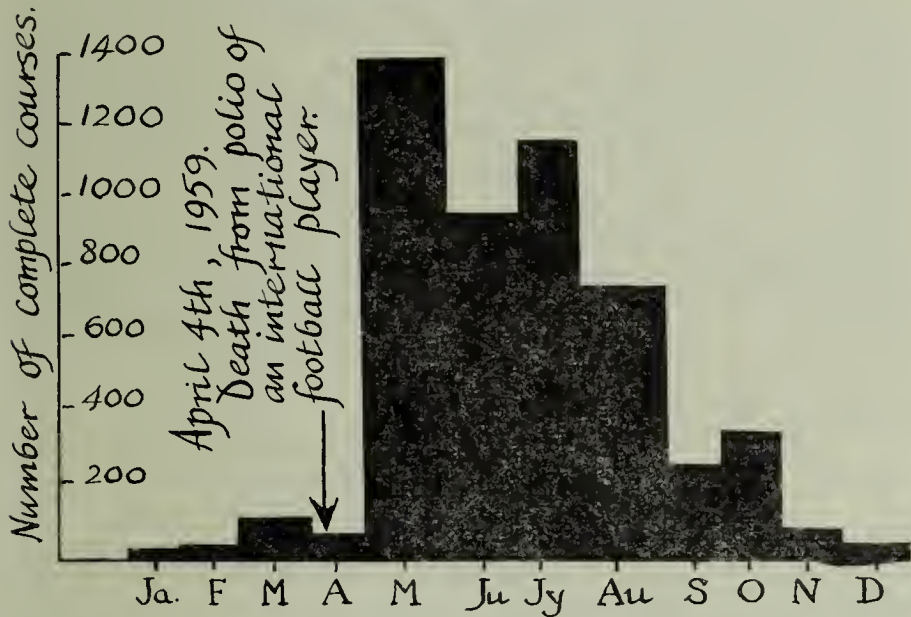
VACCINATION AGAINST POLIOMYELITIS

Two years ago a determined and successful effort was made to vaccinate against poliomyelitis all children up to 15 years of age, and late in 1958 this programme was extended to cover young people between 15 and 25 years of age. At first, response from the "rock 'n' roll" groups was very poor indeed. Despite exhortations by the

Ministry of Health, local authorities and other bodies, young people appeared indifferent until the death from poliomyelitis of a prominent sportsman sharpened their outlook.

On April 4th, 1959, a local international football player died of poliomyelitis, and within days vaccine stocks which had been over-filling our refrigerators almost vanished as demand for inoculation swept through the town. Special evening sessions were held at the Firs Clinic, general practitioners were inundated and Medical Officers of large factories arranged to vaccinate employees. After an initial shortage the supply of vaccine was sufficient to meet requirements, and by the end of the year 5,189 courses of two injections had been given to young persons born between 1933 and 1942. The diagram shows very clearly the pattern of demand for poliomyelitis vaccination during 1959.

Complete Courses (two injections) of Poliomyelitis Vaccine given during 1959 to young persons born between 1933 and 1942.



The Ministry of Health have now extended the poliomyelitis vaccination scheme to cover all people up to 40 years of age, and it is hoped that the new groups will respond as well as their children and younger relatives did last year.

At present, after a primary course of two injections, a third injection is given seven months later. Every Saturday morning a clinic is held at the Firs for which no appointments are required, but if preferred any private doctor will give the injections.

Table showing courses of poliomyelitis vaccination given during 1959.

Age Group	Courses of two injections given	
Born between 1933 and 1942	..	5,189
Born between 1943 and 1959	..	3,538
Expectant and Nursing Mothers	..	218
*Others	..	46

* This group includes people at extra risk such as doctors, nurses and ambulance staff.

In addition to the above courses of two injections, 7,549 third injections were given to all the above age groups.

The expansion of the anti-poliomyelitis vaccination programme involved a vast amount of additional work for the medical, nursing and clerical staff of my department, and this was willingly accepted by all concerned. The co-operation of all general practitioners was another very valuable contribution to the success of the programme.

AMBULANCE SERVICE

The service is manned by paid staff from 6.30 a.m. to 7.30 p.m. Mondays to Fridays, from 6.30 a.m. to 2.30 p.m. on Saturdays, and at all other times by voluntary staff provided by the British Red Cross and St. John Ambulance Brigade organisations.

The following vehicles were in use at the end of the year.

Make	H.P.	Type		Year
Daimler	27	D.C. 27 Ambulance ..	2 stretchers/10 seats	1950
Daimler	27	D.C. 27 Ambulance ..	2 stretchers/10 seats	1950
Morris	28	N.V.S. Ambulance ..	2 stretchers/ 1 stretcher, 5 seats	1952
Morris	14	J. Sitting Case Ambulance ..	8 seats	1954
Morris	16	L.C.5 Ambulance ..	2 stretchers/ 1 stretcher, 5 seats	1954
Morris	16	L.C.5 Ambulance ..	2 stretchers/ 1 stretcher, 5 seats	1955
Morris	16	L.D.1 Dual-Purpose Ambulance ..	2 stretchers/10 seats	1956
Morris	16	L.C.5 Ambulance ..	2 stretchers/ 1 stretcher, 5 seats	1959
Morris	14	J.2 Dual-Purpose Ambulance ..	1 stretcher/10 seats	1959
Morris	8	5 cwt. Van	—	1951

Smethwick's Ambulance Service is equipped with modern vehicles, eight of which are installed with radio telephony equipment and the latest aids without which it would be difficult to run an efficient service. At present the Ambulance Station is a temporary premises in Norman Road, but when new premises are completed in 1960, the Service should be one of the most up to date in the Midlands.

The following tables show details of the work carried out by the Ambulance Service during 1959.

		Sitting	Ambu-	Totals	
		case cars	lances	1959	1958
No. of Journeys	..	694	7,246	7,940	8,378
Patients carried	.. ..	3,288	19,505	22,793	23,877
Miles travelled	.. ..	8,728	76,133	84,861	86,700
Motor Spirit Consumed					
(gallons)	.. ..	495	6,049	6,544	6,378

These bare statistics only show one or two lines of a very complex picture. General imagination of an ambulance journey conjures up a vision of a large vehicle racing along the High Street with bell ringing, but such occasions are rare. Much of the work is routine and very orderly; invalids and handicapped people need transport to hospitals, or an expectant mother to be taken to maternity hospital.

The patients enter the ambulance for a variety of reasons and not only, as popularly imagined, because of a serious accident; many look perfectly normal but just need that helping hand which the ambulance can give. A strict watch is maintained, however, for any abuse of the service.

Much work is done on behalf of other local authorities and hospitals, the outmoded irksome practice of "stopping at the Parish boundary" has long since been discarded. Such journeys are paid for by the Council for whom they were undertaken and similar arrangements exist where work is undertaken on behalf of Smethwick.

Unfortunately the Ambulance Service is taken for granted by a large section of the public, and reports of complaints are occasionally heard, but for every dissenting voice there are many silent but grateful patients.

As for the ambulance staff, they are not by nature publicity seekers and much of their excellent work goes unrecorded. They have to deal with people under very trying circumstances which call for a high degree of patience and tact. Smethwick is well served by the ambulance staff, both professional and voluntary, and the town is most fortunate to have such an excellent team.

"THE HOLLIES" DAY NURSERY AND CHILDREN'S HOME

Attendances at the Day Nursery of "The Hollies" continued to fall and the total number of children admitted during 1959 was 3,893, a decrease of 706 on the previous year. There has been no change in the priorities for admission to the Nursery and applications are classified as follows :—

- (1) Where there is no father, and the mother must work to support her children.
- (2) Where the father or mother of the child is seriously ill and confined to bed, either temporarily or permanently, at home or in hospital.
- (3) Where the mother is expecting another child and is due to go into hospital. Consideration is also given to temporary admission of children if the mother is to be confined in her own home.
- (4) Where the housing conditions of the family are so bad that normal life is impossible.
- (5) Where the mother finds that she must work to supplement the father's wages.

The residential part of "The Hollies" continued to be used as a convalescent home for debilitated children, and as a short stay home for children taken into care by local authorities. Average daily attendance of children during the year was 13.02, but there are wide deviations from this figure. The total number of patient days was 4,754.

Details of children accommodated during 1959 are shown below :

Condition		In- Patients 1.1.59	Admitted		Discharged		Re- main- ing 31.12.59
			Pre- School Age	School Age	Pre- School Age	School Age	
Allergic eczema	..	—	—	1	—	1	—
Bronchial asthma	..	—	—	3	—	2	1
Bronchitis	..	—	—	1	—	1	—
Convalescence	..	—	—	4	—	2	2
Cough	..	—	—	1	—	—	1
Debility	..	—	2	4	2	2	2
General Care	..	—	1	—	—	—	1
Maladjusted	..	—	2	—	—	—	2
Malnutrition	..	—	1	—	—	—	1
Nervous Debility	..	—	—	1	—	—	1
Post Operative	..	—	1	—	—	—	1
Psoriasis	..	—	—	1	—	—	1
Children's Committee	.	5	18	18	23	18	—
Birmingham Children's Committee	..	—	13	16	11	11	7
		—	—	—	—	—	—
		5	38	50	36	37	20
		—	—	—	—	—	—

CARE OF CHILDREN

I am indebted to Miss Abbott for the following report :

The year 1959 has shown a continued increase in the number of children received into care; the number in 1957 being 107, in 1958 being 143, and the number in 1959 being 150.

The reasons children came into care are as follows :—

Illness of Parents	..	..	..	95
Homelessness of Family	..	..	..	23
Desertion by Mother	..	..	..	15
In Need of Care and Protection	..	..	..	5
Death of Parents	..	..	..	4
Unsatisfactory homes	..	..	..	8
				150

The increase is due to the presence in Smethwick of families, some of them from overseas, who have no relations to turn to in times of need. Such normal occurrences as a mother's confinement, under these circumstances, lead to her other children coming into care.

Other reasons for children being received into care are the mother's illness, the eviction of the family from furnished lodgings, or the home of relations, the birth of an illegitimate baby whose mother has no home for him, and saddest of all the break up of families because of the separation of the husband and wife.

150 children were received into care for such reasons as these, but happily 121 were able to return home again after a temporary period.

70 of the children who came into care temporarily were able to be placed with foster parents, and we are very grateful to them for their willing and ready help when called upon in emergencies. At the present time we have fifteen foster homes to which we can turn for temporary help. Children all have to be medically examined before being boarded-out in a foster home, which is a safeguard to both child and foster parent. Nevertheless such examinations take up time, without much warning, and we are splendidly supported over these duties by the Medical Officers of Health.

80 other children received into care have been accommodated in our Homes, "The Towers," Handsworth, or "Lee House," Bearwood, and also in "The Hollies." The Public Health Department has come to our rescue on many occasions concerning admissions to "The Hollies" when our own Homes were full and our foster parents unable to take more children and we are glad to express our sincere thanks for this service.

Other reasons children passed out of care were as follows :—

Placed for Adoption	5
Reached 18 years of age	12
Re-housed with their families	10
Allowed by Committee to pass out of care	1
And one baby died of Meningitis ..	1
	29

Before going on to consider the progress of the children more permanently in our care I would like to stress the importance we place on children remaining with their own parents whenever possible, and to report on the efforts which are made to keep children out of care.

During the year 52 children have been kept out of care. 30 of them by regular visits from officers of the Children's Department, and 22 by visits, supervision, advice and co-operation with the Health Visitors of the Public Health Department. The regular visits are in connection with the payment of rent by the parents. Last year it was reported that families had been kept out of care by the speedy intervention of the officers in preventing sudden eviction but it has proved to be necessary to continue to collect the rent when the outstanding debts have been paid off. These families are constantly in danger of

sliding right back again and increasing knowledge of their "house-keeping" shows how they came to be in debt in the first place. Nevertheless we are glad to record that debts, including amounts of £50, £20 and £17, have been paid off.

Examples of the way other children have been kept out of care include negotiations with separated parents, bringing before them their great responsibilities and getting them to co-operate towards the children's welfare; helping people with little knowledge of welfare services to apply to the National Assistance Board or to apply for Day Nursery accommodation. In one case grandparents were helped to adopt a child who might otherwise have been in care for many years. In another, efforts have been made to keep the peace in a home where four young girls struggle to grow up, with a young hasty-tempered step-father and a mother who is losing her sight.

47 children in long term care who are boarded-out with foster parents continue to make good progress. Twin boys were boarded-out together in 1949. One is now in the Army and the other an Apprenticed Painter and Decorator in lodging near his work, but the foster home is very much "home" to them wherever else they may be. Two little boys have been adopted by their foster parents. Both these boys had suffered from having most unsatisfactory and irresponsible parents. A boy, now 18, works at a Carpet factory, side by side with his foster father; another boy is a Printer's Apprentice.

Other "18 year olds" are in the W.R.N.S., the W.A.A.F., the Army, and two younger boys are in the Royal Marines and the Royal Navy.

Two boys have been given a grand opportunity by being sent to Boarding Schools; one to the Royal School, Wanstead, and the other to St. Francis School, Hooke, Nr. Beaminster, Dorset. Both are responding very well and are finding in the wider life such Schools have to offer, some consolation for not having a family home of their own.

The Wardens of Bridghead House Toc H Hostel, Birmingham, and St. Jude's Hostel, Wolverhampton, have helped three of our older boys who needed more discipline than foster parents could give. Two girls also have greatly benefitted from being at Training Homes, St. Michael's, Leamington Spa, and Newell Long House, Birmingham. Both the boys and the girls go out to work from these Homes and are gradually being lead towards self-control and independence.

In these days of high wages and of intensive entertainment provided for the adolescent boy and girl, supervision presents many difficulties. The most outstanding of these difficulties is to maintain older working boys in regular suitable employment, and to get them to observe standards of behaviour which will be acceptable to their foster parents or landlady when they are in lodgings.

In addition to working boys who are in care, there are 10 boys who have been licenced from approved schools. These boys are living with their parents and are supervised by an officer of the Children's Department. During the last twelve months the progress of such boys has been considerably better than in the previous year, none of them having been committed for Borstal training and only one of them appearing again in Court.

During the year two new Acts have come into force which affect the work of the Children's Department. The Children Act of 1958 makes provision for the adequate protection of children who are placed by their parents, for reward, with non-relatives. There are 10 such children whom we are supervising at the moment.

The Adoption Act, 1958, simplifies the procedure for a mother wishing to adopt her own child, for instance after marriage to a man who is not the child's father. It also makes provision for the protection and supervision of children placed directly for adoption by parents with non-relatives.

The Committee's two Children's Homes, "The Towers," Hands-worth, and "Lee House," Bearwood, continue to fulfil a very real need. Children who have close ties with their parents, and who will ultimately return to them, are seldom accepted by foster parents on a long term basis. The conflict in the child's mind between dual loyalties, and the foster parents' thought of the ultimate loss of the child, are difficulties not easily overcome. In other cases children find the experience of living in a foster home too much for them and yet settle down happily in the wider more tolerant atmosphere of a Children's Home. Other children have led such disturbed lives before being received into care that a long period in a Children's Home is undoubtedly the best plan to pursue.

Both "The Towers" and "Lee House" have had a busy year. "The Towers" has had an average number of 11 children per week, and "Lee House" an average of 9 children per week. The children all go to local schools and have their mid-day meal there. They attend Church or Sunday School and belong to Cubs, Scouts and Guides. They enjoy outings to the shops and into the country.

The children and Staff from "The Towers" enjoyed a thoroughly good two weeks' holiday at Great Yarmouth. The local residents gave them a wonderful welcome and were kindness itself, organising trips to the Norfolk Broads, the Circus, and a car trip round the town. The party was accommodated in the Unitarian Church Hall and very much hope to go there again next year.

"Lee House" again went to Stoke Beach, near Plymouth, and camped under canvas. The weather was glorious and the children had a very good time. They were delighted to welcome four members of the Children's Committee who visited the camp.

The work of caring for children brings the members of the Children's Department into contact with many other servants of the public, often in times of stress, and we thank them for the help and co-operation which we have received. Especially we would thank our fellow officers in other Council departments, Probation and Police Officers, members of the National Assistance Board, Diocesan Moral Welfare Workers and the W.V.S.

The Chairman and members of the Children's Committee have given us unfailing help and encouragement. This has been most sincerely appreciated, and we wish to record our appreciation and thanks.

CHIROPODY SERVICE

The Chiropody Service in Smethwick was taken over in 1948 when the Ministry of Health agreed to its continuation and approved proposals under Section 28 of the National Health Service Act. Since that date the service has been available free of charge to all residents in the borough irrespective of age. The staff consists of two full-time chiropodists. During 1959, 1,199 individual patients attended the clinic, of which 9 were school children. Of the remainder 1,015 were women, 509 of whom were age 65 and over, and 175 were men, 116 of whom were age 65 and over.

Compared with 1958 the total attendances at the clinic showed a slight decrease. Details over the past 3 years are shown below :

	1957	1958	1959
Children under five years of age	6	1	—
Children of school age	53	40	25
Expectant and Nursing Mothers	4	7	2
Other patients :			
Male	1,257	1,295	1,272
Female	8,272	8,301	8,170
	9,592	9,644	9,469

Since 1955 a limited Chiropody Service has been provided for the treatment in their own homes of persons who because of serious illness or crippling defects cannot make their way to the Cape Clinic. Because of the heavy and growing demand, each individual application for home chiropody treatment is carefully checked, and in the majority of cases a member of the Health Visiting staff visits the patient before this service is approved. During 1959 the chiropodists made 360 visits to patients in their own homes, a decrease of 40 when compared with the previous year.

CONVALESCENT CARE

There were 85 applications for recuperative convalescence, and of these 55 patients were admitted to convalescent homes. Recommendations for convalescence are usually made by hospital or family doctors, and the normal period of stay at convalescent homes is two weeks. Patients are assessed according to their ability to pay for convalescent home charges, and the rail or bus fare to and from the home may be included in the total amount subject to assessment so that no needy case is deterred from accepting treatment because of financial reasons.

HEALTH EDUCATION

Local authorities are empowered to give financial assistance towards schemes for Health Education. In Smethwick lectures and talks are given regularly by officers of the nursing and medical staff; in addition local and national health education campaigns receive active support.

The Health Visitors and School Nurses give talks on a wide variety of topics, some of which are shown below, and these lectures are of great value as they enlarge on topics written about in the press and shown on television. Furthermore, as the talks are informal and delivered by a known and trusted personality, their value is enhanced.

The following list gives an idea of the range of the health educational work undertaken by the Health Visitors.

Talks to Women's Meetings

Red Cross Lectures and Examinations

Talks at Ante-Natal Clinics—four times weekly.

Mothercraft Classes (Two) held on Wednesday p.m. Subjects taken are as follows :—

- (1) Are you expecting a baby.
- (2) How a baby is born.
- (3) After baby is born.
- (4) Diet—why we eat, etc.
- (5) Orange Juice, Cod Liver Oil, etc.
- (6) Baby's layette.
- (7) Simple dressmaking, sewing and knitting demonstrations.
- (8) Care of the breasts.
- (9) Breast feeding.
- (10) Mothers' outfits.
- (11) Bathing a baby.
- (12) Daily routine for you and your child.
- (13) Cots—mattresses—pillows.
- (14) Pram—suitable types.
- (15) Dangers of plastic bibs and rubber pants.
- (16) Habit training.
- (17) Care of bottles and teats.
- (18) Stools, sore buttocks, etc.
- (19) Father's role.
- (20) Home—people—not possessions.
- (21) Demonstration of Gas and Air apparatus in Ante Natal Clinics.

Many of these talks are illustrated by visual aids, including flannelgraphs, film strips and tape recordings.

Other health educational activities undertaken include :—

Health talks at toddlers clinics.

Hygiene demonstrations and talks in schools.

Showcase displays in main clinics.

Health education displays in halls of central clinics.

Demonstrations of Flare Free Nylon Frocks and matching Orlon cardigan—for home safety teaching.

Demonstrations in clinics of inflammable winycette and material which has been treated to make it fire resistant.

In addition to lectures, publicity campaigns are held at various times, but financial limitations prevent more work being undertaken. Unfortunately, the media through which campaigns are usually con-

ducted (press, television) are highly competitive, and the local councils are not in a financial position to outbid manufacturers of detergents, cigarettes and tinned coffee powder. Efforts, however, should be and are made to sponsor Health Education campaigns, but to do so requires skillful timing and unpaid work by voluntary committees, and much help has to be sought from various sources in order to keep expense to a minimum. Finally, I should like to express my thanks to the local press, and in particular to the "Smethwick Telephone," which has been generous in its help for health educational campaigns.

LOAN OF SICK ROOM EQUIPMENT

Throughout the year medical loan equipment was available on the recommendation of general practitioners and hospital doctors, and issues were made from the Edward Cheshire Nurses' Home, 2 Bearwood Road. No hire charge is made for equipment, a nominal deposit only being required, which is refunded when articles which have been borrowed are returned in good order. This service is greatly appreciated and many patients gratefully waive their claims to refunds. No deposit is required on equipment for old age pensioners. During the year, a total of 571 articles were issued, details of which are given below :

	Number of articles issued
Air Rings	49
Bed Pans	113
Bed Rests	61
Mackintosh Sheeting	93
Urinals	66
Wheelchairs	46
Commodes	12
Bedsteads	8
Mattresses	10
Blankets	6
Bed Linen	32
Lifting Pulleys	9
Miscellaneous articles	66
	571

B.C.G. VACCINATION OF SCHOOL CHILDREN

Parents of all 13 year old school children were offered the opportunity of having their children in this age group protected if necessary against tuberculosis by the use of B.C.G. Vaccination. The response was not quite so good as in 1958, parental consent being obtained in respect of 710 children. After the elimination of contacts of tuberculosis who were dealt with separately, 693 children were skin tested to find out whether they had already developed any resistance to the disease. Only those children without any useful resistance, numbering 627, received B.C.G. inoculations.

DOMESTIC HELP

Heavy demands continued to be made on the Domestic Help Service, and a total of 426 patients were given assistance, 384 of these being aged and infirm. The Domestic Help Organiser undertakes all the visiting for the Service, and is responsible for planning the work of the Domestic Helps. She has to ensure that all workers, 14 full-time and 51 part-time, are deployed to the best advantage, and that no needy patient goes without help.

Many of the aged and infirm patients are housebound and without friends or relatives. They are dependent upon the Domestic Help for food and shopping, and because of this difficulties arise when Helps are absent from work because of sickness or any other reasons. There are no difficulties in the recruitment of staff at present, and the continued extension of the Service is only limited by its total cost. The number of maternity cases assisted during 1959 was 27 as compared with 40 during 1958. Details of the cases assisted during the past five years are as follows :

		1955	1956	1957	1958	1959
Maternity (including expectant mothers)	..	40	40	37	40	27
Tuberculosis	.. ..	1	2	1	2	2
Chronic Sick	.. ..	247	313	360	368	384
Others	.. ..	45	45	27	10	13
		333	395	425	420	426

MENTAL HEALTH

MENTAL HEALTH SERVICES

As forecast in my last Annual Report, there was a major change in the legislation affecting mental illness and mental deficiency during 1959. The Mental Health Act, 1959, which will come into force in stages on dates appointed by the Minister of Health, repeals the Lunacy, Mental Treatment and Mental Deficiency Acts, and makes fresh provision for the treatment and care of mentally disordered patients. The term "mental disorder" covers mental illness and three defined condititons—"severe subnormality," "subnormality" and "psychopathic disorder." It is made clear at the outset that nothing in the Act shall prevent a mentally disordered patient from being admitted quite informally to any hospital or mental nursing home.

CARE AND AFTER-CARE OF MENTAL ILLNESS

Dr. E. Jacoby, Consultant Psychiatrist at Highcroft Hospital, continued to see Hospital outpatients living in Smethwick at the Firs Clinic on Wednesday afternoons and on alternate Friday evenings. Patients attending this clinic were saved the long journey to the out-patient clinic at Stockland Green. The clinic also provided a most useful link between the mental hospital staff and the Local Authority Staff. In addition, the weekly clinical meeting at Highcroft Hospital

was attended by the Mental Health Officer, the Superintendent Nursing Officer and the Clerk/Duly Authorised Officer. The closest co-operation was maintained with the general practitioners who often sought the assistance of the mental health section regarding their patients requiring treatment for mental disorder.

During the year 183 Smethwick patients were admitted to the Mental Hospital, an increase of 21 on the previous year's total. The Mental Health Staff arranged the admission of 65 of these, while the remaining 118 were admitted by their general practitioners or from the hospital outpatient clinics. Admissions arranged through the Public Health Department were mainly by means of the short Order procedure under Section 20 of the Lunacy Act, and it is very satisfactory to report that out of 183 patients admitted, no fewer than 166 became voluntary—or informal patients after 6th October, and only 4 were certified.

The following tables show how the mode of Admission has changed in recent years and the result this has had on the final classification of patients.

Mode of admission :—

	1955	1956	1957	1958	1959
Certified	22	10	—	2	—
Short Order	48	56	63	55	65
Voluntary (or Informal) ..	74	91	166	105	118
Temporary	2	—	—	—	—
	146	157	229	162	183

Final classification :—

	1955	1956	1957	1958	1959
Certified :					
34(23.3%)	19(12.1%)	3(1.3%)	5(3.09%)	4(2.18%)	
Discharged under Short Order :					
13(8.9%)	10(6.4%)	6(2.6%)	5(3.09%)	13(7.10%)	
Voluntary (or Informal) :					
95(65.1%)	128(81.5%)	220(96.1%)	152(93.82%)	166(90.72%)	
Temporary :					
4(2.7%)	—	—	—	—	
	146	157	229	162	183

During the year 4 patients were certified in the hospital.

11 certified patients were discharged from certificate and are remaining in hospital as Informal patients.

52 patients were regraded from Voluntary Status to Informal patients.

Once again, I am pleased to report that no old person was admitted to the mental hospital as a certified patient, and there was a continued decrease in the number of aged voluntary patients.

The following table shows the final classification of persons aged 70 or over during the past 5 years.

	1955	1956	1957	1958	1959
Certified	7	3	—	—	—
Discharged within period of Short Order	1	4	1	1	1
Voluntary (or Informal) ..	14	19	45	32	28
Temporary	—	—	—	—	—
	<u>22</u>	<u>26</u>	<u>46</u>	<u>33</u>	<u>29</u>

The Mental Health Officer and the Duly Authorised Officer continued to deal with the after-care of male patients discharged from mental hospital, and the Superintendent Nursing Officer and Health Visitors were responsible for the after-care of female patients. This work continued to increase and particularly with the male patients, a greater number of evening visits were made to see those who had returned to work following their discharge. The Mental Health Officer and Duly Authorised Officer made 803 visits to patients homes during the year.

There were 63 patients receiving after-care at the beginning of the year, 116 new cases were added during the year, and 94 were closed, leaving 85 patients at the end of the year.

Total number of deaths and discharges	..	..	..	181
Accepted after-care	..	..	..	116
Refused after-care	..	..	..	4
After-care not necessary	..	..	..	22
Discharged to another area	..	..	..	7
Died	..	..	..	32
				———181

Of the 94 cases closed the results were :

Fully recovered or stabilised	70
Returned to Mental Hospital for further treatment	12
Left the area	4
Died (1 suicide)	8

ADMISSIONS TO MENTAL HOSPITALS DURING 1959

Classification	Sex	Aged Under 20	20-29	30-39	40-49	50-59	60-69	Aged 70 and over	Total all ages
Certified	M	—	—	1	—	—	—	—	1
	F	—	—	—	—	—	—	—	—
Observation only.. (Short Detention Orders)	M	1	4	7	2	8	3	6	31
	F	—	3	5	9	5	3	9	34
Voluntary until 6th October	M	1	2	7	7	11	12	4	44
	F	1	5	6	7	14	9	7	49
Informal after 6th October	M	—	1	6	1	—	—	1	9
	F	—	—	2	4	3	5	2	16
Temporary	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Total	M	2	7	21	10	19	15	11	85
	F	1	8	13	20	22	17	18	99
Total, Both Sexes..		3	15	34	30	41	32	29	184

DEATHS AND DISCHARGES—MENTAL HOSPITALS, 1959

Length of Stay ..	Sex	Aged under 20	20-29	30-39	40-49	50-59	60-69	Aged 70 and over	Total
Under 3 months ..	M	1	7	11	6	15	10	5	134 (5 died)
	F	1	5	10	18	17	14	14	
3-6 months ..	M	—	—	1	2	2	1	1	15 (3 died)
	F	—	—	—	—	2	3	3	
6-9 months ..	M	—	—	—	—	—	—	—	1
	F	—	—	—	—	—	—	1	
9-12 months	M	—	—	2	1	—	—	1	4 (1 died)
	F	—	—	—	—	—	—	—	
Over 12 months ..	M	—	—	—	—	1	3	5	27 (23 died)
	F	—	1	—	1	—	2	14	
Total		2	13	24	28	37	33	44	181 (32 died)

MENTAL DEFICIENCY

A total of 169 mentally defective persons were under care in the community at the end of the year, and a further 86 were resident in hospitals. Following the recommendations of the Royal Commission on Mental Health, 9 patients in hospital were discharged from certificate but remained in the hospital on an informal basis. At the end of the year nine patients were awaiting urgent admission for institutional care. The Regional Hospital Board made arrangements for four patients to have temporary care in hospital under the provisions of Ministry of Health Circular 5/52.

Supervision in the home was undertaken by the Mental Health Officer, Health Visitors and by Dr. Constance Myatt, who is specially authorised for this purpose.

The Guardianship Society of Brighton had in their care eight patients from Smethwick, and, in addition, one patient is under guardianship in Smethwick.

ALBERT BRADFORD CENTRE

In September, 1959, the Occupation Centre at the Cape Clinic was closed and a new purpose built premises in Holly Lane known as the Albert Bradford Centre came into operation. This new Centre, when complete, will have training facilities for both sexes of all ages. Workshops for wood and metal crafts will be installed for mentally handicapped males while similar arrangements for domestic science and handicrafts will be available for the older girls.

In conclusion I should like to mention the kindness of the Manager of the Grove Cinema, who admits to the best seats at a very small charge, the children from the Centre, and on occasions provides special films.

INFECTIOUS DISEASES

1.—TUBERCULOSIS

Dr. Wilson Russell has kindly let me have the following report on the work of the Chest Clinic during 1959 :

In 1957 Smethwick had the highest ascertained incidence of tuberculosis in England and Wales with a rate of 151 per 100,000. The figure for 1958 was still the highest in the country at 139 per 100,000, and the statistics for 1959 show little change.

140 new cases were added to the register, of which 30 were transferred in from outside areas, which means that 110 new cases in the borough were diagnosed compared with 108 in 1958. During 1959 123 cases were discharged as recovered, 42 were transferred out to other areas and 24 patients on the register died. At the end of the year there were 845 names left on the register as compared with 895 at the end of 1958, a reduction of 50.

The 110 new cases were found as follows :

Referred by General Practitioners	..	47
Referred by Hospitals	.. ..	25
Contact Examinations	.. ..	14
Referred from Mass X-Ray—		
Doctors cases	.. ..	8
Surveys, etc.	.. ..	16

Of the 110 new cases 58 were male, 32 female and 20 were children. The total attendance at the Chest Clinic in 1959 was higher than in 1958, the number being 7,087, and the number of new persons attending for the first time rose to 1,419. 5,658 X-ray examinations were made, our highest ever figure, but 4,030 of these were for Smethwick residents and 1,628 were for Oldbury patients referred from the Langley Clinic which has no facilities for radiography.

During 1959, 53 patients were known or deemed to have positive sputum tests, a further drop from 65 in 1958. At the end of the year 13 of these had died, 14 were still in sanatoria, 3 had been transferred out of the borough and 16 were at home with negative tests after treatment in hospital. The “infector pool” of known infectious cases at home was reduced to 13, again an improvement on last year’s figure of 16, and worthy of note when 25 of the new cases diagnosed in 1959 were sputum positive. The hard core of persistently infectious cases is gradually being reduced as most new cases respond quickly to treatment provided they are found sufficiently early when the disease has not been present too long and the organisms are susceptible to the anti-tuberculosis drugs.

There is no waiting time for admission to hospital. Prestwood Sanatorium has accepted immediately all male cases and at times there have been as many as 36 men in Prestwood. Fortunately there have been very few female patients requiring sanatorium, but they have been treated in St. Wulstan’s Hospital, Malvern, which in 1960 will be ceasing operations as a sanatorium. Beds for female patients will be available as required, both at Prestwood and Romsley Hill. Children and young females have been treated in The Limes Sanatorium at Himley. The staff at Prestwood and The Limes have been most helpful.

During 1959 the average bed occupancy by Smethwick patients at the different Sanatoria might be estimated as follows :—

Prestwood, Stourbridge	..	28 males
St. Wulstan’s, Malvern	..	2 males and 4 females
The Limes, Himley	.. ..	4 children and 2 females
Heath Lane, West Bromwich		3 males and 1 female

All new patients should start their treatment in hospital where they can have modern drug treatment under specialist supervision and also learn how to live with the disease and prevent passing it on to their families and friends. With the great reduction in the death rate and attack rate for tuberculosis in recent years, everyone tends to forget that it remains the same infectious disease it always was. Prevention is always better than cure. To ensure cure the anti-tuberculosis drugs must be taken regularly and in combination, never one drug

alone, and experience in sanatorium helps the patient to main this regularity at home afterwards when it is so easy to miss taking the drugs because of the unpleasant taste and awkward bulk to swallow. The drugs have now completely replaced artificial Pneumothorax and artificial Pneumoperitoneum, and no "refills" have been given at the Chest Clinic since July, 1958. Surgical treatment too has been greatly reduced, but there remain a few cases in whom it is required. The chest surgeons from Yardley Green Hospital, Mr. MacHale and Mr. Stephenson pay regular visits to the Clinic to advise regarding the surgical treatment of new cases and to see many of their old cases treated successfully by surgery in previous years.

During the year Dr. Bourne, consultant radiologist from West Bromwich, has visited the Clinic fortnightly to advise on the interpretation of difficult X-ray films. The help of these visiting specialists is greatly appreciated.

Tuberculosis in immigrants showed a rise in 1959. Out of 140 new additions to the register 28 were immigrants, i.e. 20 per cent. of the new cases compared with 17.4 per cent. in 1958. Throughout the year an average of one-third of the treatment beds were occupied by immigrants.

The nationalities of the new immigrants were as follows :—

Indian	..	..	..	..	..	12
Pakistani	..	..	..	..	..	6
Irish	..	..	..	..	..	6
Jamaican	..	..	..	..	..	1
Italian	..	..	..	..	..	1
German	..	..	..	..	..	1
Estonian	..	..	..	..	..	1

In 1959 it was noted that an increasing number of Indian women and children had arrived in the town.

Again in 1959 as many as possible of the new persons seen at the Chest Clinic had Tuberculin Skin Test (Mantoux 1 : 1000) as part of their examination and, excluding all such tests done in connection with B.C.G. vaccination, the results are tabulated below :—

Age	Positive	Negative	Total	% Positive
0—5	7	146	153	4.6
6—10	13	89	102	12.7
11—15	19	48	67	28.4
16—20	20	31	51	39.2
21—30	97	58	155	62.6
31—40	118	29	147	80.3
41—50	112	23	135	82.9
51—60	97	38	135	71.8
61—70	48	26	74	64.9
71—80	9	14	23	39.1
81 plus	1	2	3	33.3
	541	504	1045	51.8 Av.

In children under 10 the tuberculin tests shows a gratifying further fall in evidence of first infection, only 20 out of 255 being positive, and this group contained many contacts. It should be reported that there was one child of 3 with tuberculous meningitis and one child of 3 suspected of miliary tuberculosis. Both children are alive.

During 1959 ninety contact children received B.C.G. Vaccination. We have now been giving B.C.G. vaccination to contact children since 1952 and performing routine Mantoux tests three months after vaccination and thereafter annually, and it would appear that on average the test remains positive until the fifth year when it reverts to negative. In the past eight years 432 young contact children have been vaccinated and in only 3 of these has definite X-ray evidence of natural primary infection with tuberculosis been found, i.e. 0.7% failure to protect from ordinary primary infection. It may be that some contacts do get natural infection with no evidence of it, and I am now inclined to think this may be the case when the test remains a good positive 6 years after vaccination, but this is a difficult point to prove and is only an assumption.

The free milk scheme of Smethwick Health Committee has again been fully used during 1959 to assist children to overcome their primary infection and to help adults after their return home from hospital until they are fit to go back to work. There are also quite a number of elderly patients, past retiring age, for whom the milk scheme is of great assistance.

Housing remains one of the big problems in Smethwick, but the Housing Committee, advised by Dr. Dodds, has continued to give sympathetic consideration and as much priority as possible to the rehousing of tuberculous families.

Overcrowding in Indian and Pakistani households, especially now that their women and children have come to settle in the town, remains an insoluble problem as regards housing and a difficult one as regards preventing the spread of tuberculosis.

I am pleased to report that the Chest Clinic Staff continued to serve loyally throughout the year. Mrs. Lewis attended all the clinic sessions and made 1,016 home visits. Mrs. Hickling did all the X-ray work which included a weekly session for expectant mothers referred from St. Chad's Hospital, school children found to be Tuberculin Test positive under the Schools B.C.G. Scheme referred from the Public Health Department, and 2 weekly sessions for Oldbury cases referred from Langley Chest Clinic. On the clerical side, on which we are understaffed, Miss Underhill has laboured single-handed to cope with all the records, filing, statistics and correspondence, including about 5,000 reports to doctors concerning their patients.

I am very grateful for the assistance and co-operation of these three very capable ladies, without whom it would not have been possible to get through the work of the Clinic with expedition and efficiency.

RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1959

	PULMONARY			NON-PULMONARY			TOTAL			Grand Total
	Adults		Children	Adults		Children	Adults		Children	
	M.	F.		M.	F.		M.	F.		
A. (1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the year	336	189	256	3	7	104	339	196	360	895
(2) Transfers from Authorities of areas outside that of the Council or Board during the year ..	9	17	2	2	—	—	11	17	2	30
(3) Lost-sight of cases returned during the year ..	—	—	—	—	—	—	—	—	—	—
B. Number of new cases diagnosed as Tuberculous during the year—										
(1) Class T.B. minus	38	16	19	5	5	1	43	21	20	84
(2) Class T.B. plus	14	11	—	1	—	—	15	11	—	26
C. Number of cases included in A and B written off the Dispensary Register during the year as:										
(1) Recovered	32	46	29	4	4	2	36	50	31	117
(2) Dead (all causes)	21	2	—	1	—	—	22	2	—	24
(3) Removed to other area	24	14	3	—	1	—	24	15	3	42
(4) For Other Reasons	4	—	1	—	—	2	4	—	3	7
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the year ..	316	171	244	6	7	101	322	178	345	845

2.—COMMON INFECTIOUS FEVERS

There were no cases of smallpox, typhoid or paratyphoid fevers during 1959.

Diphtheria and Scarlet Fever

No case of diphtheria was notified in Smethwick during 1959 and, in fact, only two cases of the disease have been notified since 1949, the last death in the borough from this disease being recorded in 1946.

61 cases of Scarlet Fever were notified, 42 of which were children within the 5-10 years age group.

Other Respiratory Infections

There were 33 cases of acute pneumonia reported during the year and deaths numbered 59.

Puerperal Pyrexia

Five women were notified as suffering from childbirth fever, one case was the result of a urinary infection, but in the other cases no obvious cause of infection was traced. All patients recovered following treatment with antibiotics.

Acute Poliomyelitis

One case of acute poliomyelitis was notified during the year. This was notified as a paralytic case on the 24th November, 1959, and discharged from Little Bromwich Hospital on 25th January, 1960.

Dysentery

61 cases of dysentery were notified during 1959 of which 29 were confirmed as bacteriologically positive cases.

Food Poisoning

24 cases of food poisoning were notified during the year and 11 were confirmed, the following strains of Salmonella being identified :

(1) Salmonella typhi-murium	..	..	8 cases
(2) Salmonella enteriditis (var. jena)	..		1 case
(3) Salmonella thompson	..	..	1 case
(4) Unidentified agent	..	..	1 case

3.—VENEREAL DISEASES

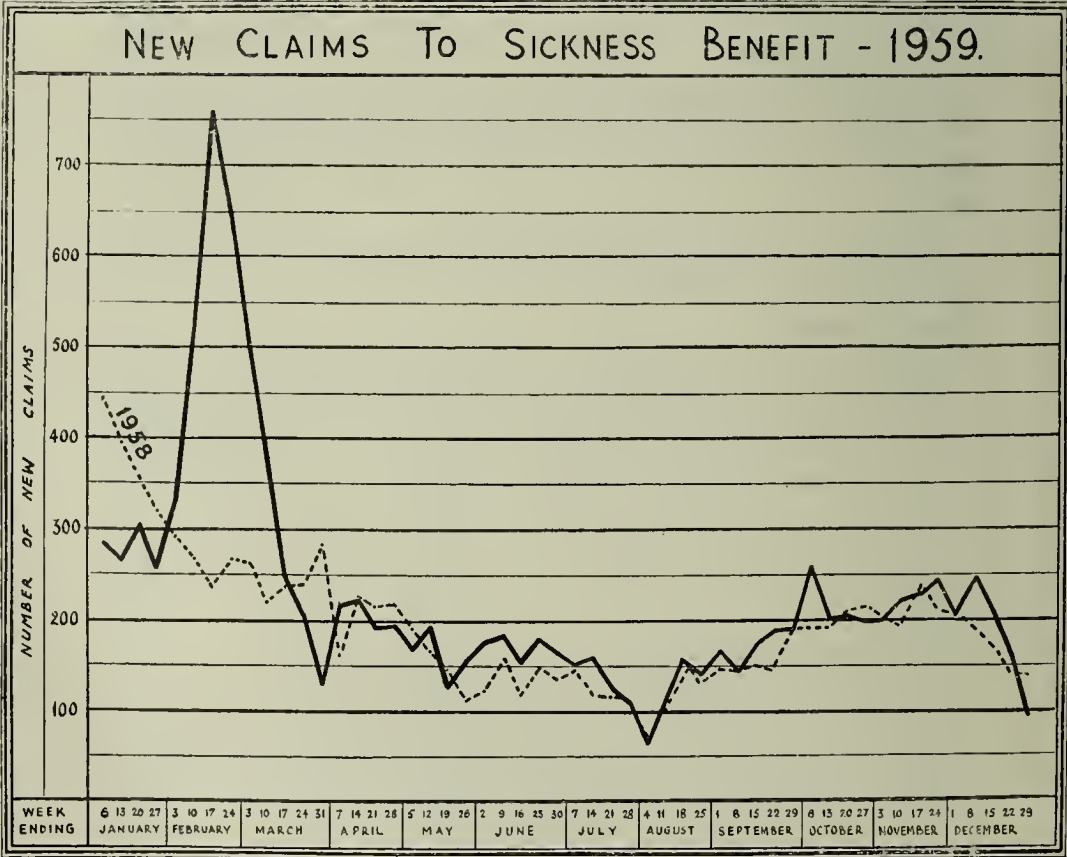
Statistical informaiton about Smethwick patients attending for the first time at the Treatment Centre, Birmingham General Hospital, has again been supplied by the physician in charge. Details of such attendances during the past five years are given in the table below :—

	1955	1956	1957	1958	1959
Syphilis	8	6	4	6	4
Gonorrhoea	24	24	35	55	26
Other conditions ..	47	88	67	87	82
	79	118	106	148	112

It is gratifying to note that the disturbing rise in the incidence of gonorrhoea in 1957 and 1958 has not been maintained, and indeed that the number of new cases of this disease being diagnosed at the Treatment Centre has fallen to more customary proportions.

INCIDENCE OF ILLNESS IN THE WORKING POPULATION

General morbidity statistics giving a measure of the incidence of illness in the population are not readily available to the Medical Officer of Health. I am, therefore, pleased to be able to include a graph prepared from the figures supplied by the Ministry of Pensions and National Insurance, showing the number of new claims for sickness benefit week by week. As before, this has proved a sensitive indicator of the presence and development of epidemic diseases in the Borough. The prevalence of influenza during February and March is clearly shown on the graph.



WELFARE SERVICES

The Council's schemes under Sections 21, 29 and 30 of the National Assistance Act are administered from the Public Health Department.

RESIDENTIAL ACCOMMODATION AND SERVICES FOR AGED AND INFIRM PERSONS

The Council has a duty to provide residential accommodation for persons who by reason of age, infirmity or any other circumstances, are in need of care and attention which is not otherwise available to them.

The present accommodation available is made up of small homes in Park Hill, Moseley, and at Hill Crest, Little Moor Hill, Smethwick. The latter consists of a main block to which in 1958 was added a new building designed specifically for the accommodation of the more infirm old people. In all, 76 old people can be housed, and throughout the year a full complement of residents was accommodated. At the end of the year, however, there were still 24 Smethwick people resident in homes of other local authorities, 18 of these were housed in the "Poplars" at Wolverhampton. The same excellent co-operation between Summerfield Hospital and the Department staff continued for the admission of chronic sick to hospital. Details of admissions and discharges within the homes during 1959 are shown below :

Accommodation	No. of Resi- dents 1.1.59	Adm'ns from		Discharges to		Deaths	No. of Resi- dents 31.12.59
		Hospital	Home	Hospital	Home		
" Hill Crest," Smethwick	29	1	27	2	24	1	30
" Hill Crest," New Home	24	5	20	7	15	2	25
Park Hill, Moseley ..	19	2	15	3	13	—	20
"The Poplars," Wolverhampton	23	2	1	2	3	3	18
Bromley House, Wolverhampton	1	—	1	1	—	—	1
Solihull, Warwickshire ..	1	—	—	—	—	—	1
Highbury Hall, Birmingham	1	1	—	—	—	1	1
Bryony House, Birmingham	1	—	—	—	—	—	1
" Oakdene," Birmingham	1	—	—	—	—	—	1
David Lewis Colony, Manchester	1	—	—	—	—	—	1
Cowley Home	—	—	1	1	—	—	—
	<u>101</u>	<u>11</u>	<u>65</u>	<u>16</u>	<u>55</u>	<u>7</u>	<u>99</u>

TEMPORARY ACCOMMODATION

Local Welfare authorities have a duty to provide temporary accommodation for persons left homeless because of circumstances which could not reasonably have been foreseen. The only accommodation available has been at "The Poplars," Wolverhampton, where, in any case, only the mother can be accepted. Children have been referred to the Children's Officer who has often asked the department to admit them to the Hollies. Adult males have been told of the various hostel accommodation in the Birmingham area where they might obtain a bed. Many families made application for assistance after being evicted from furnished accommodation at short notice. Most applications, were, however, withdrawn when the nature of the assistance which could be given by the department became known. It must, however, be pointed out that no families which could be termed

“ temporary accommodation ” cases strictly within the terms of the National Assistance Act, came for help during the year.

During 1959 eight aged persons were admitted for short periods. In one case a patient discharged from the Birmingham Accident Hospital needed care before going home and the seven remaining cases were accommodated temporarily while their relatives went for a holiday. It is interesting to note the majority of short term residents enquired about the possibility of obtaining permanent residence in the home.

REMOVAL OF PERSONS IN NEED OF CARE AND ATTENTION

I am again pleased to report that it was not necessary to take action under Section 47 of the National Assistance Act for the removal of any persons found to be in need of care and attention. It is with extreme reluctance, and only as a last resort that these powers are invoked. Wherever possible the resources of the department, including the Domestic Help Service and the Home Nursing Service are used either singly or collectively to improve the conditions in the home so that compulsory removal becomes unnecessary.

PROTECTION OF PROPERTY

During 1959 it was found necessary to provide protection of property under Section 48 of the National Assistance Act in a total of 46 cases. Of these, temporary protection was necessary in 37 instances where persons were absent from residential accommodation, either on holiday or in hospital. The property of three residents was looked after following their deaths in the Homes. Property belonging to six other residents was kept in safe custody.

BURIAL OF THE DEAD

The authority is required under Section 50 of the National Assistance Act to make arrangements for the burial or cremation of the body of any person who has died within the area, where it appears that no other suitable arrangements have been made for the disposal of the body. During 1959 four burials were arranged.

WELFARE OF BLIND PERSONS

The Council's duties for the promotion of the welfare of blind persons normally resident in Smethwick continued to be carried out on an agency basis by the Birmingham Royal Institution for the Blind. The classification of the Register of the Blind at the 31st December, 1959, was as shown below :

	Males	Females	Total
Workshop Workers	12	5	17
Workers in Open Employment ..	9	—	9
Other Blind Employee	1	—	1
Unemployables at home	26	52	78
Unemployables in Regional Board Hospitals	2	2	4

	Males	Females	Total
Unemployables in Welfare Department Homes	1	1	2
Training for Open Employment ..	1	—	1
Training for Sheltered Employment	1	—	1
	53	60	113

WELFARE OF OTHER HANDICAPPED PERSONS

Smethwick Club for the Handicapped.

During the year the Club has continued to operate smoothly and has increased its membership and facilities. The fortnightly meetings held at the Cape Clinic have obviously met a need of the handicapped persons in the Borough and because the use of the premises are free, the Finance Committee of the Club have been able to keep the overheads down to a minimum and have directed the monies saved to the purchase of extra equipment and the provision of free refreshments at each meeting and an annual outing for each section.

Since its inception the Club has only been able to cater for Smethwick residents but during the year the Committee were able to arrange, where transport allowed, for the inclusion of handicapped persons living outside the Borough. The problem of transport remains the one big headache for the organisers and many more cars can be utilised; the Committee recognises, however, that the Club could not exist without the present willing co-operation which it receives from the many volunteers.

The Welfare Officer and Welfare Assistant deal with arrangements for the welfare of handicapped persons other than blind, partially sighted and deaf and dumb. A Register of these persons is maintained, and during 1959, 25 new cases were added to the Register, 15 cases were removed because of death, and 2 persons left the district. The classification of the Register on the 31st December, 1959, was as follows :

Amputation	11
Arthritis and Rheumatism	45
Congenital malformation	4
General diseases	6
Injuries	7
Organic nervous diseases	51
Other nervous and mental disorders ..	8
Other diseases and injuries	5
Hard of hearing	5
	142

MEDICAL EXAMINATION OF NEW ENTRANTS TO SERVICE WITH THE AUTHORITY

Department						Number Examined	
Borough Engineer's	..	..	..	..	..	35	
„	„					Special Examinations	5
						—	40
Borough Librarian's	..	..	..	..	..		3
Borough Treasurer's	..	..	..	..	..		3
Building and Maintenance	..	..	..	..	..	25	
„	„					Special Examinations	4
						—	29
Children's Department	..	..	..	..	..		5
Education :							
Teachers	..	..	..	..	..	62	
„					..	Re-examinations	1
„					..	Special Examinations	1
Training Colleges	..	..	..	..	..	15	
School Meals Staff	..	..	..	..	..	34	
„					..	Re-examinations	1
School Cleaners	..	..	..	..	..	24	
Staff Examinations	..	..	..	..	..	16	
„					..	Re-examinations	2
						—	156
Estates :							
Baths	..	..	..	..	..	1	
„					..	Special Examination	1
						—	2
Parks	..	..	..	..	..	6	
„					..	Re-examination	1
						—	7
Fire Service	..	..	..	..	..		3
Housing	..	..	..	..	..		10
Public Health Department	..	..	..	..	..	46	
„					..	Re-examination	1
						—	47
Town Clerk's Department	..	..	..	..	..		8
Weights and Measures	..	..	..	..	..		1
Examinations carried out for other Authorities	..				..		2
							316



COUNTY BOROUGH OF SMETHWICK
ANNUAL REPORT OF THE
CHIEF PUBLIC HEALTH INSPECTOR
ON THE SANITARY ADMINISTRATION OF THE BOROUGH
FOR THE YEAR ENDED 31st DECEMBER, 1959

To the Mayor, Aldermen and Councillors of the
County Borough of Smethwick

Mr. Mayor, Ladies and Gentlemen,

The undoubted improvement in the standard of environmental hygiene in recent years has contributed in no small measure to the improved health of the nation. Clean Air, Clean Food, Good Housing—these are the great aids to better health.

CLEAN AIR :

Domestic Smoke :

In January, 1959, the Ministry of Housing and Local Government sent a circular (No. 5/59) to the Council, asking that they consider their domestic smoke problem and formulate a phased programme for the next five years. This request was considered by the Council at a meeting on the 29th April and five smoke control areas, involving 800-900 houses per year were approved. The Council also decided that the whole of the town should be converted to a smoke control area; the time required to carry out this plan being estimated at between twenty and twenty-five years. This is a realistic estimate, as the whole operation is time consuming. In addition to the time spent on the necessary survey of premises prior to the final submission of an Order to the Ministry for confirmation, there is a considerable delay before the Minister's decision is received. The Smethwick No. 2 Smoke Control Order, 1959, was submitted to the Minister in November, 1959, and, at the time of writing this report (September, 1960), a decision has only just been received, which fixes 1st September, 1961, as the date when the Order comes into operation, i.e., almost two years after the Order was submitted by the Council to the Minister. Meantime, pollution pours out of our household chimneys, pollution black with soot, abrasive with grit, sticky with tar and corrosive with acid.

Industrial Smoke :

Local industry has in the main faced up well to its responsibilities under the Clean Air Act. Details of major works of improvement carried out during the year will be found later in this report. These improvements involved an expenditure in excess of £21,000 and concerned industrial premises coming within the jurisdiction of the local authority and its officers.

Possibly the greatest form of industrial atmospheric pollution in the town is due to emissions from hot blast cupolas—a process under the direct control of H.M. Alkali Inspectors. These cupolas have a high melt rate and give rise to serious nuisance, as will be apparent from the photograph opposite.

Experimental work to eliminate grit and fume has been going on for some time and H.M. Alkali Inspector has now agreed with the industry the broad lines of a provisional “**best practicable means**” for dealing with emissions.

The measures agreed require the arrestment of particulate matter and the discharge of fume at a height determined by the scale of operation. They are provisional in the sense that they are designed to cover an interim period of experiment and research which may well lead to the evolution of improved means, including the arrestment of fume.

SLAUGHTERHOUSES :

The Slaughterhouse Reports (Appointed Day) Order, 1959 :

The Slaughterhouse (Reports) Direction, 1959 :

Under the above legislation, local authorities are required to submit to the Minister of Agriculture, Fisheries and Food reports about the Slaughterhouse Requirements of their districts. In our case the report was submitted in November, 1959, and it was proposed that the construction regulations should apply to all slaughterhouses in the district by 1st January, 1961. Ever since the derationing of meat in 1954, a 100% meat inspection service has been in force in Smethwick. The licensed slaughterhouses comply with the construction regulations and are well maintained.

Compared with 1958, there was a 17% decrease in the number of cattle slaughtered, but this was more than compensated by a 56% increase in the number of sheep and lambs slaughtered. The percentage of cattle inspected found to be affected with tuberculosis was only 0.85% as compared with 2.4% in 1959 and one wonders if this is possibly the accumulating result of the scheme for eradicating bovine tuberculosis now nearing completion. On the other hand, the percentage of the number of cattle inspected found to be affected with disease other than tuberculosis rose from 9.08% to 18.11%, or practically doubled.

HOUSING :

On the 12th October, 1959, the Minister confirmed, with modifications, the County Borough of Smethwick (Soho Clearance Areas Nos. 1-4 and 6-10) Compulsory Purchase Order, 1958, embracing 176 unfit properties. During the year a survey was made of the Rolfe Street area, which contains some of the oldest houses in the town. On the 14th December, 1959, the Council made the County Borough of Smethwick (Rolfe Street Clearance Areas Nos. 1-9) Compulsory Purchase Order, 1959, and the County Borough of Smethwick (Rolfe Street Clearance Areas Nos. 10-12) Clearance Order, 1959. These Orders cover 175 unfit properties.

In addition to the above, 14 houses were dealt with as individual unfit houses.

The photograph opposite shows the typical sub-standard dwellings to be demolished.



RENT ACT, 1957 :

Tenants of private houses continue to make use of the provisions of the Act and 85 applications for certificates of disrepair were received during the year. Fuller details are given in Table XI later in this report.

DRAINAGE :

Under the provisions of the Smethwick Corporation Act, 1929, and the Public Health Act, 1936, 602 cases of blocked and defective drains were dealt with. This is an increase of 96 over the preceding year. If not speedily attended to, serious nuisance can arise and the utmost priority is always given to complaints of this nature. At the same time, householders could help themselves considerably by taking steps to ensure that no foreign bodies gain access to the drains.

In one of the cases dealt with during the year, the following items were recovered from the drains :

- 2 Knives
- 6 Teaspoons
- 3 Dessert Spoons
- 1 10in. Bicycle Spoke
- 1 Table Spoon
- 1 Fork
- 1 Pair Needlework Scissors
- 1 Halfpenny

Whilst this sort of thing might be very good from the cutlery trade's point of view, it certainly does not make for the smooth and efficient functioning of the drainage system.

LEGAL PROCEEDINGS :

Once again successful legal proceedings were instituted in respect of food containing foreign bodies and for the abatement of nuisances. Whilst the department does not judge its success by the number of its successful prosecutions, they are an earnest of its endeavour to see that the law is complied with.

CONCLUSION :

It is again my pleasure to express appreciation of the support and encouragement afforded to me during the year by the Chairman and members of the Health Committee. I am also grateful for the efficient service and loyal co-operation which I have received at all times from members of my staff.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

W. L. KAY,

Chief Public Health Inspector.

SANITARY INSPECTION OF THE AREA

SUMMARY OF INSPECTIONS

TABLE I

Ashes Accommodation, Inspections	2,374
Ashes Accommodation, Re-visits	744
Bakehouses	29
Houses occupied by Coloured Persons	372
Complaints, Inspection	2,314
Complaints—Re-visits re Notices served	6,050
Diseases of Animals Act	139
Drains Tested	21
Factories : With Power	42
Food Inspection	1,034
Hairdressers	5
Housing Act Inspections	134
Housing Act Re-visits	885
Housing Act Survey	1,258
Infectious Disease	655
Interviews	349
Ice Cream Vendors	178
Insect Pests and Vermin	223
Markets	126
Meat and Other Food Premises	1,292
Overcrowding	120
Pet Animals Act	9
Pigsties	91
Prevention of Damage by Pests Act	24
Rag Flock Act	3
Rent Act Visits	314
Sampling : Water : Bacteriological	3
Chemical	3
Food : Bacteriological	227
Chemical	121
Fertiliser and Feeding Stuffs	22
Sanitary Accommodation used in common	99
Shops Act Inspection	3
Slaughterhouses	20
Slaughter, Private	3
Smoke Abatement—Visits	1,064
Smoke Observations	93
Tents, Vans and Sheds	47
Water Supply, Visits	27
Miscellaneous	388
	20,905

SUMMARY OF DEFECTS

TABLE II

	Found	Remedied
Accumulation of Refuse	8	7
Animals kept so as to be a nuisance	1	1
Blocked Drains	490	415
Cleansing	9	21
Dampness	37	31
Dangerous Buildings	32	27
Defective Ashbins	1,528	1,874
Defective External Brickwork and Chimneys ..	162	152
Defective or Insufficient Drainage	15	6
Defective Floors	63	67
Defective Firegrates	24	25
Defective Paving	17	16
Defective Plaster of Walls and Ceilings ..	254	262
Defective Rainwater Cisterns	1	2
Defective Roofs, Spouting, etc.	435	412
Defective Sinks and Wastepipes	31	26
Defective Stairs and Handrails	9	5
Defective Washboilers	3	4
Defective Water Fittings	47	44
Defective W.C.'s	129	140
Defective Woodwork of Doors, Windows, etc...	164	153
Insufficient Lighting and Ventilation	95	103
Lack of Food Storage Accommodation	1	—
Lack of Sinks and Washbasins	3	13
Lack of Water Supply	5	3
Overcrowding	13	14
Miscellaneous	27	41
	3,603	3,864

WORK CARRIED OUT BY THE CORPORATION IN THE OWNER'S DEFAULT

During the year under review, the Corporation executed work at the cost of the owner as follows :—

(1) Cleansing or repair of blocked or defective drains and repairs to defective W.C.'s under Section 49 of the Smethwick Corporation Act, 1929	260 cases
(2) Maintenance of Public Sewers, formerly combined drains, under Section 24 of the Public Health Act, 1936	342 cases
(3) Repair of defective roofs under Section 49 of the Smethwick Corporation Act, 1948	21 cases
(4) Execution of repairs in default of compliance with Abatement Orders	2 cases

PREVENTION OF DAMAGE BY PESTS ACT, 1949 :

(a) PREMISES :

No. of premises investigated	492
No. of premises treated	370
No. of bodies found	256

(b) SEWER MAINTENANCE TREATMENT :

No. of manholes baited	247
No. of manholes showing prebait take	111
No. of manholes showing complete prebait take ..	35

LEGAL PROCEEDINGS :

During the year, legal proceedings were instituted in respect of 13 premises, consequent upon the failure of the owners to carry out work required under the Public Health Act, 1936. The results of the cases were as follows :

(1) Cases in which Abatement Orders were made	4
(2) Cases withdrawn—work completed	9

INSPECTION AND SUPERVISION OF FOOD :

MILK SUPPLY :

The number of samples submitted for bacteriological examination was 153. The results of the examinations are summarised as follows :—

TABLE III

Type of Milk	No. of Samples	Tests Applied	Satisfactory	Unsatisfactory
Tuberculin Tested (Pasteurised)	46	Phosphatase ..	46	—
		Methylene Blue .	42	1
Pasteurised	77	Phosphatase ..	77	—
		Methylene Blue .	69	5
Sterilized	30	Turbidity	30	—
		Methylene Blue .	30	—

In the case of three samples of Tuberculin Tested (Pasteurised) Milk and three samples of Pasteurised Milk the methylene blue test was declared void under the Milk (Special Designation) (Pasteurised and Sterilized Milk) Regulations, 1949, Third Schedule, Part III.

In the case of the unsatisfactory samples representations were made to the firms concerned and the local authorities in whose area the milk was treated.

MEAT INSPECTION

TABLE IV

Carcases and Offal Inspected and Condemned in whole or in part :

	Cattle exc. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	817	2	—	10,081	3,536
Number Inspected	817	2	—	10,081	3,536
All Diseases except Tuberculosis :					
Whole carcasses condemned	—	—	—	1	1
Carcases of which some part or organ was condemned	148	—	—	289	355
Percentage of number inspected affected with disease other than tuberculosis	18.11	—	—	2.87	10.06
Tuberculosis only :					
Whole carcasses condemned	—	—	—	—	—
Carcases of which some part or organ was condemned	7	—	—	—	49
Percentage of number inspected affected with tuberculosis ..	0.85	—	—	—	1.10
Cysticercosis :					
Carcases of which some part or organ was condemned	3	—	—	—	—
Carcases submitted to treatment by refrigeration	3	—	—	—	—
Generalised and totally condemned ..	—	—	—	—	—

**Conditions and diseases found during Meat Inspection and amounts
condemned :**

TABLE V

					lbs.
Abscesses	..	..	..	..	325
Actinomycosis	..	..	..	..	70
Cirrhosis	..	..	..	..	300
Congestion	..	..	..	..	59
Cysticercus Bovis	..	..	..	..	46
Echinococcus Veterinorum	..	..	..	..	203
Fascioliasis	..	..	..	..	1,964
Hepatitis	..	..	..	..	11
Hydronephrosis	..	..	..	..	2
Melanosis	..	..	..	..	7
Moribund	..	..	..	..	212
Parasitic	..	..	..	..	830
Peritonitis, Pleurisy, etc.	..	..	..	..	295
Pneumonia	..	..	..	..	305
Telangiectasis	..	..	..	..	10
Tuberculosis	..	..	..	..	791
					5,430

**UNSOUND FOOD SURRENDERED AND DESTROYED
(Not including above)**

TABLE VI

			Tons	Cwts.	Qrs.	Lbs.	Ozs.
Biscuits	..	..			2	4	—
Butter	..	..			1	8	—
Cheese	..	..		2	2	15	—
Fish (Tinned)	..	..		1	3	15	3
Fruit (Tinned)	..	1	10	3	6	5	
Fruit (Fresh)	..			1	26	—	
Meat (Tinned)	..	1	7	3	20	12	
Meat (Fresh)	..		7	1	24	4	
Milk	..		9	2	3	4	
Vegetables	..		6	3	17	13	
Miscellaneous	..		10	1	2	11	
			4	18	3	3	4

TABLE VII
FOOD AND DRUGS ACT, 1955

Details of Unsound Food :		Action taken :
Loaf containing foreign body	..	Warning letter.
Loaf containing grease stain	..	Warning letter.
Luncheon Meat affected with mould ..	..	Warning letter.
Meat Pie containing foreign body ..	..	Warning letter.
Bread containing foreign body	..	Warning letter.
Veal, Ham and Egg Pie affected with mould	..	Warning letter.
Crumpets affected with mould	..	Warning letter.
Sale of unsound Chitterlings	..	Warning letter.
Fruit Bun containing metal washer ..	..	Legal proceedings instituted—£5 fine.
Bread Roll containing label	..	Legal proceedings instituted—£5 fine.

**BACTERIOLOGICAL EXAMINATION OF ICE CREAM, CREAM
AND ICE LOLLIES :**

	No. of Samples	Provisional Grade I	Provisional Grade II	Provisional Grade III
Ice Cream ..	76	64	9	3
		Satisfactory		Unsatisfactory
Ice Lollies	2		2	—
Table Cream ..	7		5	2

In the case of Ice Creams placed in Provisional Grade III and the Table Cream reported as unsatisfactory, appropriate follow-up action was taken.

**SUMMARY OF ARTICLES OF FOOD & DRUGS SUBMITTED
TO THE PUBLIC ANALYST AND THE RESULTS OF THE
ANALYSES**

Articles Analysed	Total Samples	Genuine	Not Genuine
Pork Sausage	15	14	1
Cough and Cold Mixture ..	1	1	—
Glycerine and Lemon	1	1	—
Teeth Soothing Powder ..	1	1	—
Strawberry Jam	1	1	—
Butter	8	7	1
Self Raising Flour	2	2	—
Syrup of Figs	1	1	—
Sponge Mixture	1	1	—
Alb-Ex Laxative	1	1	—
Beef Sausage	2	2	—
Potted Salmon	2	2	—
Fish Cakes	2	2	—
Milk	15	15	—
Boracic Crystals	1	1	—
Compound Juniper Pills ..	1	1	—
Sleeping Tablets	1	1	—

Articles Analysed	Total Samples	Genuine	Not Genuine
Zinc, Starch & Boracic Powder	3	1	2
Bronchial Syrup	1	1	—
Bread	1	—	1
Bubble Gum	1	1	—
Cherry Syrup	1	1	—
Vinegar	1	1	—
Skin Ointment	1	1	—
Liver and Bacon Paste ..	1	1	—
Pickled Onions	1	1	—
Fruit Sauce	1	1	—
Cake	1	1	—
Margarine	2	2	—
Gin	2	2	—
Mineral Waters	5	5	—
Cream	3	3	—
Nutmeg	1	1	—
Butterscotch	1	1	—
Lemon Squash Crystals ..	1	1	—
Cough Syrup	2	2	—
Glycerine of Borax	1	1	—
Scone Mixture	1	1	—
White Pepper	1	1	—
Pudding Mixture	1	1	—
Ground Rice	2	2	—
Glace Cherries	2	2	—
Crab Paste	2	2	—
Bronchial Mixture	1	—	1
Ammoniated Tincture of			
Quinine	2	2	—
Tincture of Myrrh and Borax	1	—	1
Diarrhoea Mixture	1	1	—
Spaghetti	2	2	—
Minced Beef and Gravy ..	1	1	—
Tomato Juice	1	1	—
Tea Cake Mixture	1	1	—
Mixed Pickles	1	1	—
“Frizets”	1	1	—
Mincemeat	2	2	—
Apples	2	2	—
Potatoes	1	1	—
Fish Paste	1	1	—
Ham Pasties	1	1	—
Pork Pie	1	1	—
Mixed Spice	1	1	—
Cinnamon	1	1	—
Glucose	1	1	—
Plain Flour	1	1	—
	120	113	7

All unsatisfactory samples were dealt with by way of warning letters.

TABLE IX

RENT ACT, 1957 :

RENT RESTRICTION REGULATIONS, 1957 :

(1) No. of applications received for certificates of disrepair	85
(2) No. of Form J's served (Notice by local authority to landlord of proposal to issue a certificate of disrepair)	86
(3) No. of Form K's received (Undertaking by landlord to remedy defects proposed to be included in certificate of disrepair)	55
(4) No. of Form L's issued (Certificates of Disrepair)	25
(5) No. of Form L's cancelled	11
(6) No. of Form P's issued (Certificates as to remedying of defects) :	
(a) To landlord	9
(b) To tenant	14

MAJOR WORKS OF IMPROVEMENT CARRIED OUT AT INDUSTRIAL PREMISES DURING 1959 IN RESPECT OF SMOKE NUISANCES

New Lancashire Boiler with coking stoker installed.
Wet grit arresters fitted to cold blast cupolas.
Economic Boiler installed with coking stoker.
F.R.S. doors fitted to Lancashire Boilers.
Two smoke density recording instruments installed.

PUBLIC SWIMMING BATHS

Swimming facilities in Smethwick are provided at the Smethwick Baths, Thimblemill Road, which contain 124,000 gallons of water in a 100ft. x 35ft. pool, and at Rolfe Street Baths where there are two pools, each 60ft. long and which contain a total of 94,000 gallons. Fresh water is supplied by the South Staffordshire Waterworks Company. In its daily use at the baths, the water is pumped through filters which remove contamination introduced by bathers, after which it is sterilised by chlorine dosage to give a free residual of up to 2 p.p.m. Other chemicals are added which do useful work in the filters and which counteract the acid properties of the chlorine. The pool water is heated and maintained at between 74—78°F., and is pumped in continuous circulation with a complete turnover every four hours.

Water tests, using the Lovibond comparator, are made every two hours daily and full details are recorded on a permanent log sheet. Because of this procedure, each bather is assured of a warm and comfortable swim in perfectly harmless water.

FACTORIES ACTS, 1937 to 1959—PART I.

1. INSPECTIONS OF FACTORIES, INCLUDING INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS

PREMISES	Number on Register	NUMBER OF		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	14	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the local authority	270	42	—	—
(iii) Other Premises in which Section 7 is enforced by the local authority (excluding outworkers' premises) ..	—	—	—	—
TOTAL	284	42	—	—

2. CASES IN WHICH DEFECTS WERE FOUND

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S1)	—	—	—	—	—
Overcrowding (S2)	—	—	—	—	—
Unreasonable temperature (S3)	—	—	—	—	—
Inadequate Ventilation (S4)	—	—	—	—	—
Ineffective drainage of floors (S6)	—	—	—	—	—
Sanitary Conveniences (S7):					
(a) insufficient	—	—	—	—	—
(b) unsuitable or defective	3	5	—	—	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	3	5	—	—	—

FACTORIES ACTS, 1937 to 1959—PART VIII.

OUTWORK

(Sections 110 and 111)

NATURE OF WORK	SECTION 110			SECTION 111		
	No. of out-workers in August list required by Section 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing Apparel: Making, etc., cleaning and washing	6	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	1	—	—	—	—	—
Carding, etc., of buttons, etc.	282	—	—	—	—	—
Total	289	—	—	—	—	—

APPENDIX

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH OF SMETHWICK, 1959

Causes of Death	Sex	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
1. Tuberculosis, respiratory	M	10	—	—	—	—	1	4	4	1
	F	1	—	—	—	—	—	1	—	—
2. Tuberculosis, Other ..	M	1	—	—	—	—	—	1	—	—
	F	—	—	—	—	—	—	—	—	—
3. Syphilitic disease ..	M	1	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—
4. Diphtheria	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis ..	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
8. Measles	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases ..	M	—	—	—	—	—	—	—	—	—
	F	3	—	—	—	—	—	1	—	2
10. Malignant neoplasm, stomach	M	20	—	—	—	—	1	11	5	3
	F	10	—	—	—	—	1	4	2	3
11. Malignant neoplasm, lung, bronchus ..	M	37	—	—	—	—	—	20	10	7
	F	1	—	—	—	—	—	1	—	—
12. Malignant neoplasm breast	M	—	—	—	—	—	—	—	—	—
	F	12	—	—	—	—	—	7	3	2
13. Malignant neoplasm uterus	M	—	—	—	—	—	—	—	—	—
	F	5	—	—	—	—	—	2	2	1
14. Other malignant and lymphatic neoplasms	M	32	—	—	—	—	—	18	10	4
	F	49	—	—	—	—	3	14	12	20
15. Leukaemia, aleukaemia	M	1	—	—	1	—	—	—	—	—
	F	2	—	1	—	—	—	1	—	—
16. Diabetes	M	1	—	—	—	—	—	—	—	1
	F	3	—	—	—	—	—	—	1	2
17. Vascular lesions of nervous system ..	M	53	—	—	—	—	—	16	11	26
	F	77	—	—	—	—	1	7	18	51
18. Coronary disease, angina	M	74	—	—	—	—	2	29	20	23
	F	62	—	—	—	—	—	7	26	29

Causes of Death	Sex	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
19. Hypertension with heart	M	13	—	—	—	—	—	2	4	7
	F	14	—	—	—	—	—	2	3	9
20. Other heart disease ..	M	38	—	—	—	—	2	5	9	22
	F	57	—	—	—	—	—	6	12	39
21. Other circulatory disease	M	10	—	—	—	—	1	1	3	5
	F	13	—	—	—	—	—	3	5	5
22. Influenza	M	9	—	—	—	—	—	2	3	4
	F	12	—	—	—	—	1	—	4	7
23. Pneumonia	M	35	6	1	—	—	2	5	7	14
	F	24	1	—	—	—	1	4	8	10
24. Bronchitis	M	41	—	—	—	—	—	13	16	12
	F	20	1	—	—	—	—	2	7	10
25. Other diseases of respiratory system ..	M	3	—	—	—	—	—	1	1	1
	F	1	—	—	—	—	—	1	—	—
26. Ulcer of stomach and duodenum	M	7	—	—	—	—	—	2	4	1
	F	2	—	—	—	—	—	—	1	1
27. Gastritis, enteritis and diarrhoea	M	2	—	1	—	—	—	—	1	—
	F	4	1	—	—	—	1	—	2	—
28. Nephritis and Nephrosis	M	4	—	—	—	—	—	1	1	2
	F	4	—	—	—	—	—	2	2	—
29. Hyperplasia of prostate	M	5	—	—	—	—	—	1	1	3
	F	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—
31. Congenital malforma- tions	M	2	1	—	—	—	1	—	—	—
	F	4	4	—	—	—	—	—	—	—
32. Other defined and ill- defined diseases ..	M	25	6	1	1	—	—	8	2	7
	F	28	1	1	—	—	2	7	3	14
33. Motor Vehicle accidents	M	3	—	—	—	1	—	1	1	—
	F	1	—	—	1	—	—	—	—	—
34. All other accidents ..	M	11	3	1	—	—	1	1	1	4
	F	9	2	—	—	—	—	—	3	4
35. Suicide	M	2	—	—	—	—	1	—	1	—
	F	4	—	—	—	—	1	—	2	1
36. Homicide and operations of war	M	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—

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